

# OUTPATIENT PHYSICAL & OCCUPATIONAL THERAPY FOR SELF-FUNDED GROUPS

**Policy Number:** REHABILITATION 008.22 T2

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Related Policies
<ul style="list-style-type: none"> <li>• <a href="#">Home Health Care</a></li> <li>• <a href="#">Manipulative Therapy</a></li> <li>• <a href="#">Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members</a></li> </ul>

## INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, 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.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines 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.

## CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Self-funded plan membership.
Benefit Type	<ul style="list-style-type: none"> <li>• General benefits package</li> <li>• Long-term Therapy<sup>1</sup></li> </ul>
Referral Required (Does not apply to non-gatekeeper products)	Yes <sup>1,2,3</sup> - Outpatient, Office No - Home
Authorization Required (Precertification always required for inpatient admission)	Yes <sup>2,3,4</sup> - Outpatient, Office No - Home
Precertification with Medical Director Review Required	Yes <sup>2,3,4</sup> - Outpatient, Office No - Home
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Outpatient, Office, Home

## Special Considerations

- <sup>1</sup>Requests for Long-Term Physical Therapy require a Long-Term Physical Therapy rider and the referral must come from the Member's Primary Care Provider (PCP).
- <sup>2</sup>OptumHealth Care Solutions Clinician review is required if the request does not meet criteria and/or there is a question regarding whether the request is a covered benefit and the Member's plan **is not** Citigroup (CI3198) or Brooks Brothers (BB1627).
- <sup>3</sup>Authorization is required for in network initial therapy evaluation and all subsequent visits and the Member's plan is not Citigroup (CI3198) or Brooks Brothers (BB1627).
- <sup>4</sup>Refer to the [Coverage Rationale](#) section below for additional information regarding utilization review for medical necessity by OptumHealth Care Solutions when the Member's plan **is not** a Citigroup (CI3198) or Brooks Brothers (BB1627).

## BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

### Notes:

- Unless otherwise noted in this policy or described in the Member's health benefit plan cognitive and neuropsychological rehabilitation (CPT code 97533) is excluded from coverage except for Members of certain New Jersey (NJ) plans (NJ Small Group plans) and Members with coverage under their specific certificate of coverage and/or summary of benefits (e.g., NJ Public Sector). Refer to the [Physical, Occupational \(OptumHealth Care Solutions Arrangement\) and Speech Therapy including Cognitive/ Neuropsychological Rehabilitation for New Jersey Small Group Members](#) policy for additional information.
- Wellness care related to conditioning, strength training, fitness, workplace ergonomics or injury prevention is not covered by Oxford.

### Accumulation of Benefits

- The benefit accrues based on the number of visits according to the Member's Health benefits plan.
- A visit for outpatient physical or Occupational Therapy is defined as the covered OT and PT services provided at a single session, or 45 minutes of PT and/or OT services, whichever is less, rendered by a single billing provider per date of service.
- 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. Refer to the [Manipulative Therapy](#) policy for additional information.
- Physical and Occupational Therapy provided in the home will be managed under the home care benefit (per the Member's certificate) All home care services require pre-certification. Refer to the [Home Health Care](#) policy for additional information.

### Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## COVERAGE RATIONALE

### All Citigroup (CI3198) or Brooks Brothers (BB1627) Products

Oxford covers medically necessary Physical and Occupational Therapy services. Coverage is for acute conditions only whereby services must begin within six months of the later to occur:

- The date of the injury or illness that caused the need for therapy
- The date the Member is discharged from a hospital where surgical treatment is rendered, **or**

- The date outpatient surgical care was rendered

In no event will the therapy continue beyond 365 days after such event.\*  
(\*Long-term rider may alter coverage criteria)

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.

Up to three (3) modalities/therapeutic procedures will be accepted, without additional documentation, per date of service. Services in excess of three (3) modalities/therapeutic procedures will be reviewed upon receipt of clinical documentation.

### **Referral Requirements**

- Oxford Members enrolled on gated self-funded groups are required to have a referral for all in-network physical or Occupational Therapy services. Members enrolled in non-gated products are not required to have a referral.
- Referrals can be issued by the following: Member's PCP, General Surgeon, Gynecological Oncologist, Hematologist-Oncologist, Neurologist, Oncologist, Orthopedists, Pain Management Specialist, Physiatrist, Neurosurgeon, Rheumatologist.  
**Exception:** In the case of Long-Term Physical Therapy (Long-Term Physical Therapy rider required), the referral must come from the Member's PCP.

### **For All Oxford Self-Funded Products**

**Reminder:** The following guidelines do **not** apply to Citigroup (CI3198) or Brooks Brothers (BB1627).

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 Manipulative Therapy policy 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.

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

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

- The Member's primary care provider (PCP)
- General surgeon
- Gynecological oncologist
- Hematologist oncologist
- Neurologist
- Oncologist

- Orthopedist
- Psychiatrist
- Neurosurgeon
- Pain management specialist or rheumatologist

Refer to the [Referrals](#) policy for additional information.

### **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 evaluation report 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.

#### **Note:**

- For chiropractic services, refer to the policy titled [Manipulative Therapy](#) for additional information.
- For services provided by complementary and alternative medicine (CAM) providers, refer to [Complementary and Alternative Medicine \(CAM\) Contracted Rate Program](#). CAM providers include:
  - Acupuncturists
  - Chiropractors
  - Nutritionists
  - Massage therapists
  - Naturopaths(CT only - due to state licensing statutes)
  - Yoga instructors
- For rehabilitation services for the treatment of autism, refer to the policy titled [Autism](#).
- 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**

**Long-Term Physical Therapy:** Provides coverage for short term Physical Therapy and Long-Term Physical 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, for outpatient services only. Long-Term Physical Therapy requires a separate rider and replaces the standard Physical Therapy benefit.

**Occupational Therapy (OT):** 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 (PT):** 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).

## 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.

### The following lists of CPT and HCPCS codes require Utilization Review for all Oxford self-funded products:

**Exception:** Utilization review of Physical and Occupational Therapy does not apply to Members enrolled in Citigroup (CI3198) or Brooks Brothers (BB1627) products regardless of the date of service.

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	97799
97760	97761			

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

### Coding Clarifications:

- \*Codes marked with an asterisk (\*) cannot be billed by an Occupational Therapist.
- Therapists may be reimbursed for evaluations (97161, 97162, 97163, 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.
- For self-funded products **except** for Citigroup (CI3198) or Brooks Brothers (BB1627) products, 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 1st modality for each date of service only and will be paid out at the established per visit rate.

### Reimbursed Per Individual Modality:

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 necessary review and require submission of medical notes).

HCPCS Codes Requiring Utilization Review				
G0151	G0152	G0283	S9131	S9129

  

Non-Reimbursable CPT/HCPCS Codes				
97169	97170	97171	97172	S8990

## DESCRIPTION OF SERVICES

This policy provides information regarding Oxford's coverage of Physical and Occupational Therapy for Oxford Self-funded membership.

## REFERENCES

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

Certificates of Coverage and Physical Therapy Riders.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
03/01/2018	<ul style="list-style-type: none"><li>• Updated coverage rationale:<ul style="list-style-type: none"><li>○ Removed reference link to policy titled <i>Complementary and Alternative Medicine (CAM) Contracted Rate Program</i></li><li>○ Added reference link to the Oxford <i>Complementary and Alternative Medicine (CAM) Contracted Rate Program</i> webpage</li><li>○ Modified list of CAM providers:<ul style="list-style-type: none"><li>▪ Added "Chiropractors"</li><li>▪ Replaced:<ul style="list-style-type: none"><li>- "Dieticians and nutritional counselors" with "Nutritionists"</li><li>- "Naturopathic physicians" with "Naturopaths"</li></ul></li></ul></li></ul></li><li>• Archived previous policy version REHABILITATION 008.21 T2</li></ul>