

PHYSICAL, OCCUPATIONAL (OPTUMHEALTH CARE SOLUTIONS ARRANGEMENT) AND SPEECH THERAPY INCLUDING COGNITIVE/NEUROPSYCHOLOGICAL REHABILITATION FOR NEW JERSEY SMALL GROUP MEMBERS

Policy Number: REHAB 009.26 T2

Effective Date: August 1, 2018

Table of Contents	Page
INSTRUCTIONS FOR USE	1
CONDITIONS OF COVERAGE	1
BENEFIT CONSIDERATIONS	2
COVERAGE RATIONALE	2
TREATMENT/APPLICATION GUIDELINES	2
APPLICABLE CODES	2
DESCRIPTION OF SERVICES	3
REFERENCES	3
POLICY HISTORY/REVISION INFORMATION	4

Related Policies

- [Manipulative Therapy](#)

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 NJ Small plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	Yes ¹ - Outpatient, Office No - Home
Authorization Required (Precertification always required for inpatient admission)	Yes ² - Home
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Home, Outpatient, ^{1,3} Office ^{1,3}

Special Considerations

¹While precertification is not required, OptumHealth will review post-service for Medical Necessity for Physical and Occupational Therapy services.
²Precertification for services in the home setting is required for all plans.
³Members are financially responsible for all out-of-network services determined to be not medically necessary.

BENEFIT CONSIDERATIONS

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

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

Therapy and Rehabilitation will be covered by Oxford for any illness or injury that is acute or chronic, including Developmental Delays.

Wellness care related to conditioning, strength training, fitness, workplace ergonomics or injury prevention is not covered by Oxford.

TREATMENT/APPLICATION GUIDELINES

Services are covered when ordered by a physician for any illness or injury that is acute or chronic.

Physical and Occupational Rehabilitation Therapy

There is no limit to the amount of modalities that can be reimbursed per visit. Coverage is limited to a combined total of 30 visits per member per year for physical and occupational rehabilitation therapy.

Speech and Cognitive Rehabilitation Therapy

There is no limit to the amount of modalities that can be reimbursed per visit. Coverage is limited to a combined total of 30 visits per member per year for speech and cognitive rehabilitation therapy.

Therapeutic Manipulation

Coverage is limited to 30 visits per member per year with no more than two modalities per visit. (CPT code 97140. For CPT codes 98940-98943, please refer to the policy titled [Manipulative Therapy](#)).

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.

Payable CPT Codes				
97010	97012*	97014	97016	97018
97022	97024*	97026*	97028*	97032*
97033*	97034	97035*	97036*	97039

Payable CPT Codes				
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	97799			

CPT® is a registered trademark of the American Medical Association

Coding Clarifications:

- *The codes marked with an asterisk 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 only payable once per condition.
- Evaluations billed on the same day of a treatment modality will be reimbursed according to the established evaluation rate **only**.

Payable HCPCS Codes					
G0151	G0152	G0283	S9129	S9131	S9152

DESCRIPTION OF SERVICES

New Jersey Small Group Certificate definitions:

Cognitive/Neuropsychological Rehabilitation Therapy: 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.

Occupational Therapy: Treatment to restore a physically disabled person's ability to perform the ordinary tasks of daily living.

For a member who has been diagnosed with a biologically based mental illness, this includes treatment to develop a member's ability to perform ordinary tasks of daily living.

Physical Therapy: The treatment by physical means to relieve pain, restore maximum function, and prevent disability following disease, injury or loss of limb.

For a member who has been diagnosed with a biologically based mental illness, this includes treatment to develop the member's physical function.

Speech Therapy: Treatment for the correction of a speech impairment resulting from illness, surgery, injury, congenital anomaly, or previous therapeutic processes.

For a member who has been diagnosed with a biologically based mental illness, speech therapy includes treatment of any speech impairment.

Therapeutic Manipulation: Treatment of the articulations of the spine and musculoskeletal structures for the purpose of relieving certain abnormal clinical conditions resulting from the impingement upon associated nerves causing discomfort. Some examples are manipulation or adjustment of the spine, hot or cold packs, electrical muscle stimulation, diathermy, skeletal adjustments, massage, adjunctive, ultra-sound, doppler, whirlpool or hydrotherapy or other treatment of similar nature.

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.

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee.

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

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

Ingenix. Healthcare Common Procedure Coding System: HCPCS Level II Expert.

New Jersey Small Group Certificates.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
08/01/2018	<ul style="list-style-type: none">• Revised treatment/application guidelines; removed language indicating Therapeutic Manipulation is not a covered benefit for Plan A• Archived previous policy version REHAB 009.25 T2