

Habilitation and Rehabilitation Therapy (Occupational, Physical and Speech) (for Pennsylvania Only)

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[Instructions for Use](#)

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Related Policies

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- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for Pennsylvania Only\)](#)
- [Skilled Care and Custodial Care Services \(for Pennsylvania Only\)](#)

Related Optum Policy

- [Applied Behavior Analysis for Autism Spectrum Disorders](#)

Application

This Medical Policy only applies to the state of Pennsylvania. Any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis. Refer to [Pennsylvania Exceptions, Pennsylvania Code, Title 55, Chapter 1101](#).

Coverage Rationale

Note: This medical policy does not apply to Cognitive Therapy. For outpatient Cognitive Therapy, refer to the medical policy titled [Cognitive Rehabilitation \(for Pennsylvania Only\)](#).

Outpatient habilitation, rehabilitation and maintenance therapy may be covered when Medically Necessary when all the following criteria is met:

- The member has a disabling condition
- Treatment is prescribed by a physician
- Treatment is administered by a licensed speech-language pathologist (and clinical fellows, licensed occupational therapist, licensed physical therapist, physician, or other provider who acts within the scope of his or her license)
- Treatment must be proven and meet generally accepted standards of practice and is targeted and effective in the treatment of the member’s diagnosed impairment or condition
- Treatment is expected to produce clinically significant and measurable improvement in the member’s level of functioning within a reasonable and medically predictable period of time; or the treatment is part of a Medically Necessary program to prevent significant functional regression and meets one of the following criteria:
 - When a member achieves a functional plateau, the provider adjusts the plan of care (POC) accordingly and provides monthly (or as appropriate) reassessments to update and modify the home program
 - When members who have received physical and occupational therapy services experience a loss or regression of present level of function it may be Medically Necessary to resume or increase frequency of therapy
- The services are not duplicate services of another service provided concurrently by any other type of therapy (such as speech, physical and occupational therapy), and must provide different treatment goals, plans, and therapeutic modalities.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living.

Rehabilitation 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.

Maintenance Services

A maintenance program consists of activities and/or mechanisms a clinician establishes to help a beneficiary maximize or maintain the progress made during therapy, or to prevent or slow further deterioration due to a disease or illness. (ASHA)

For Medical Necessity Clinical Coverage Criteria

Refer to the InterQual® LOC: Outpatient Rehabilitation & Chiropractic:

- Habilitation
- Rehabilitation
- Maintenance

Click [here](#) to view the InterQual® criteria.

Required Documentation

Initial Therapy Evaluation/Initial Therapy Visit Requests

A provider (PCP) (MD, DO, PA or NP) or appropriate specialist referral for the speech, physical and occupational therapy evaluation must be on file prior to the completion of the evaluation. The therapy evaluation report must include all of the following:

- A statement of the member's medical history; and
- A comparison prior level of function to current level of function, as applicable; and
- A description of the member's functional impairment including its impact on their health, safety, and/or independence; and
- A clear diagnosis including the appropriate ICD-10 code; and
- Reasonable prognosis, including the member's potential for meaningful and significant progress; and
- Baseline objective measurements (current versions of Standardized Assessments), including a description of the member's current deficits and their severity level which include:
 - Current Standardized Assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores and/or other objective information as appropriate for the member's condition or impairment
 - Standardized Assessments administered must correspond to the delays identified and relate to the long- and short-term goals
 - Standardized Assessments results will not be used as the sole determinant as to the Medical Necessity of the requested initial therapy visit:
 - If the member has a medical condition that prevents them from completing Standardized Assessment(s), alternative could include:
 - The therapist provides in-depth objective clinical information using task analysis to describe the member's deficit area(s) in lieu of Standardized Assessments
 - The therapist should include checklists, caregiver reports or interviews, and clinical observation

Plan of Care

The initial authorization for therapy must also include a plan of care (POC). The POC must be signed and dated by the referring provider (PCP) (MD, DO, PA or NP) or appropriate specialist. Providers must develop a member's POC based on the results of the evaluation. The POC must include all the following:

- Functional or physical impairment; and
- Short and long-term therapeutic goals and objectives:
 - Treatment goals should be specific to the member's diagnosed condition or Functional or Physical Impairment
 - Treatment goals must be functional, measurable, attainable and time based
 - Treatment goals must relate to member-specific functional skills; and

- Treatment frequency, duration, and anticipated length of treatment session(s)

Requests for Continuation of Therapy Visits

Progress Reports (Summary of Progress)

Intermittent progress reports must demonstrate that the member is making functional progress related to the treatment goals to reflect that continued services are Medically Necessary. Progress reports must include all of the following:

- Start of care date
- Time period covered by the report
- Member's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of member performance in functional terms that relate to the treatment goals
- If the member is not making the progress expected, describe any changes in prognosis, POC and goals and why
- Consultations with other professionals or coordination of services, if applicable
- Signature and date of licensed professional responsible for the therapy services
- Signature and date of prescribing physician

Re-Evaluations

Re-evaluations must be completed at least once every twelve months or more frequently based on state regulatory requirements to support the need for on-going services. Re-evaluations performed more often should only be completed when the member experiences a Significant Change in Functional Level in their condition or functional status. The documentation must be reflective of this change. Re-evaluations must include current Standardized Assessment scores, percentage of functional delay, criterion referenced scores or other objective information as appropriate for the member's condition or impairment. The therapy re-evaluation report must include all of the following:

- Date of last therapy evaluation; and
- Number of therapy visits authorized, and number of therapy visits attended; and
- Compliance to home program; and
- Description of the member's current deficits and their severity level documented using objective data; and
- Objective demonstration of the member's progress towards each treatment goal:
 - Using consistent and comparable methods to report progress on long- and short-term treatment goals established
 - For all unmet goals, baseline and current function so that the member's progress towards goals can be measured; and
- An updated statement of the prescribed treatment modalities and their recommended frequency/duration; and
- A brief prognosis with clearly established discharge criteria; and
- An updated individualized POC must include updated measurable, functional and time-based goals:
 - The updated POC/progress summary must not be older than 90 days; and
 - If the majority of the long and short-term goals were not achieved, the plan of care must include a description of the barriers or an explanation why the goal(s) needed to be modified or discontinued; and
- A revised POC that the treating therapist has not made a meaningful update to support the need for continued services will not be accepted. In addition, the notation of the percentage accuracy towards the member's goals alone is not sufficient to establish a need for continued, Medically Necessary therapy.

Treatment Session Notes

All treatment session notes must include:

- Date of treatment
- Specific treatment(s) provided that match the CPT code(s) billed
- Start and stop time in treatment
- The individual's response to treatment
- Skilled ongoing reassessment of the individual's progress toward the goals
- All progress toward the goals in objective, measurable terms using consistent and comparable methods
- Any problems or changes to the POC
- Member or caregiver involvement in and feedback about home program activities
- Signature and date of the treating provider

Group Therapy

The documentation must include all of the following:

- Prescribing provider's order for Group Therapy
- Individualized treatment plan that includes frequency and duration of the prescribed Group Therapy and individualized treatment goals
- Name and signature of licensed therapist providing supervision over the Group Therapy session
- Specific treatment techniques utilized during the Group Therapy session and how the techniques will restore function
- Start and stop times for each session
- Group Therapy setting or location
- Number of clients in the group

Feeding and Swallowing Disorders

For feeding and swallowing evaluations, all of the following must be submitted:

- Interview/case history
- Medical/clinical records including the potential impact of medications, if any
- Physical examination
- Previous screening and assessments
- Collaboration with providers and other caregivers
 - During assessment, therapists determine whether the member is an appropriate candidate for treatment and/or management; this determination is based on findings that include medical stability, cognitive status, nutritional status, and psychosocial, environmental, and behavioral factors
- Assessment must result in one or more of the following outcomes:
 - Description of the characteristics of swallowing function, including any breakdowns in swallow physiology
 - Diagnosis of a Swallowing Disorder
 - Determination of the safest and most efficient route (oral vs. non-oral) of nutrition and hydration intake
 - Identification of the effectiveness of intervention and support
 - Recommendations for intervention and support for oral, pharyngeal, and/or laryngeal disorders
 - Prognosis for improvement and identification of other relevant factors, if appropriate

Discharge Criteria

Discharge criteria includes but is not limited to all of the following (as applicable):

- Treatment goals and objectives have been met
- Functional abilities have become comparable to those of others of the same chronological age and gender
- The desired level of function that has been agreed to by the member and provider has been achieved
- The skill of a therapist or other licensed healthcare professional (within the scope of his/her licensure) is not required
- The member exhibits behavior that interferes with improvement or participation in treatment and efforts to address these factors have not been successful
- In some situations, the member, family, or designated guardian may choose not to participate in treatment, may relocate, or may seek another provider if the therapeutic relationship is not satisfactory. Therefore, discharge is also appropriate in the following situations, provided that the member/client, family, and/or guardian have been advised of the likely outcomes of discontinuation:
 - There is a request to be discharged or request continuation of services with another provider
 - The individual is transferred or discharged to another location where ongoing service from the current provider is not reasonably available; efforts should be made to ensure continuation of services in the new locale
- The member is unable to tolerate treatment because of a serious medical, psychological, or other condition

Additional Considerations

- Bilingual and multilingual speakers are frequently misclassified as developmentally delayed. Equivalent proficiency in both languages should not be expected. Members with limited English proficiency must receive culturally and linguistically adapted norm referenced standardized testing in all languages the child is exposed to in order to compare potential deficits. For Speech and Language Therapy services to be Medically Necessary for a member with limited English proficiency, all of the following criteria must be met:
 - All speech deficits must be present in the language in which the member has the highest proficiency

- All language deficits must be present in the language in which the member has the highest proficiency
- Delivery of services must be in the language in which the member has the highest receptive language proficiency
- For members with dyslexia, test results substantiating a diagnosis of receptive or expressive language delay must be included with goals addressing the corresponding language deficits.

Definitions

The following definitions may not apply to all plans. Refer to the federal, state, or contractual requirements for applicable definitions.

Medically Necessary: Health care services that are all of the following as determined by us or our designee:

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your sickness, injury, mental illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your sickness, injury, disease or symptoms

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time) are available to covered persons through www.myuhc.com or the telephone number on the member's ID card. They are also available to Physicians and other health care professionals on www.UHCprovider.com.

Swallowing Disorders (also called Dysphagia): Can occur at different stages in the swallowing process:

- **Oral Phase:** Sucking, chewing, and moving food or liquid into the throat.
- **Pharyngeal Phase:** Starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking.
- **Esophageal Phase:** Relaxing and tightening the openings at the top and bottom of the feeding tube in the throat (esophagus) and squeezing food through the esophagus into the stomach.

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 federal, state, or contractual requirements 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 and Guidelines may apply.

CPT Code	Description
Occupational Therapy	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional

CPT Code	Description
Occupational Therapy	
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)
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 (e.g., 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
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
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
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97165	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 (i.e., 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 (e.g., 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.
97166	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 (i.e., 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 (e.g., 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.

CPT Code	Description
Occupational Therapy	
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 (i.e., 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 (e.g., 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
97535	Self-care/home management training (e.g., 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
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement, (e.g., musculoskeletal, functional capacity) with written report, each 15 minutes
97755	Assistive technology assessment (e.g., 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
Physical Therapy	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
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)
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 (e.g., 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

CPT Code	Description
Physical Therapy	
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
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
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
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
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.
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.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement, (e.g., musculoskeletal, functional capacity) with written report, each 15 minutes

CPT Code	Description
Physical Therapy	
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
Speech Therapy	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

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HCPCS Code	Description
Occupational Therapy	
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)
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9129	Occupational therapy, in the home, per diem
Physical Therapy	
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

HCPCS Code	Description
Physical Therapy	
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9131	Physical therapy; in the home, per diem
Speech Therapy	
S9152	Speech therapy, re-evaluation

Description of Services

Rehabilitative services are intended to improve, adapt or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality involving goals an individual can reach in a reasonable period of time by a therapist or by a therapist/therapy assistant under the direct or general supervision, as applicable, of a therapist. Services may include occupational, physical or speech therapy.

Habilitation Services are health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. Services may include occupational, physical or speech therapy.

References

UnitedHealthcare Insurance Company Generic Certificate of Coverage, 2018.

CMS Medicare Benefit Manual Chapter 12 section 40.2. Refer to: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>. Accessed December 7, 2021.

HealthCare.gov, Habilitative/Habilitation Services. Refer to: <https://www.healthcare.gov/glossary/habilitative-habilitation-services/>. Accessed February 3, 2022.

HealthCare.gov, Rehabilitative/Rehabilitation Services. Refer to: <https://www.healthcare.gov/glossary/rehabilitative-rehabilitation-services/>. Accessed February 3, 2022.

Leung, A., & Kao M.D., C.P. (1999). Evaluation and management of the child with speech delay. *American Family Physician*, 1:59 (11), 3121-3128. Refer to: <http://www.aafp.org/afp/1999/0601/p3121.html>. Accessed December 7, 2021.

Marian, V., Faroqi-Shah, Y., Kaushanskaya, M., Blumenfeld, H.K., & Sheng, L., (2009). Bilingualism: Consequences for language, cognition, development, and the brain. Refer to: <http://leader.pubs.asha.org/article.aspx?articleid=2289533>. Accessed December 7, 2021.

The American Speech-Language-Hearing Association (ASHA). www.asha.org. Accessed February 3, 2022.

Policy History/Revision Information

Date	Summary of Changes
06/01/2023	<p>Title Change/Template Update</p> <ul style="list-style-type: none"> Previously titled <i>Speech Language Pathology Services (for Pennsylvania Only)</i> Changed policy type classification from "Coverage Determination Guideline" to "Medical Policy" Application

Date	Summary of Changes
	<ul style="list-style-type: none"> ● Added language to indicate any requests for services that do not meet criteria set in the Prior Authorization Review Panel (PARP) will be evaluated on a case-by-case basis; refer to <i>Pennsylvania Exceptions, Pennsylvania Code, Title 55, Chapter 1101</i> <p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Revised coverage guidelines to indicate: <ul style="list-style-type: none"> ○ This Medical Policy does not apply to cognitive therapy; for outpatient cognitive therapy, refer to the Medical Policy titled <i>Cognitive Rehabilitation (for Pennsylvania Only)</i> ○ Outpatient habilitation, rehabilitation, and maintenance therapy may be covered when Medically Necessary when all the following criteria is met: <ul style="list-style-type: none"> ▪ The member has a disabling condition ▪ Treatment is prescribed by a physician ▪ Treatment is administered by a licensed speech-language pathologist (and clinical fellows), licensed occupational therapist, licensed physical therapist, physician, or other provider who acts within the scope of his or her license ▪ Treatment must be proven and meet generally accepted standards of practice, and is targeted and effective in the treatment of the member’s diagnosed impairment or condition ▪ Treatment is expected to produce clinically significant and measurable improvement in the member’s level of functioning within a reasonable and medically predictable period of time; or the treatment is part of a Medically Necessary program to prevent significant functional regression and meets one of the following criteria: <ul style="list-style-type: none"> – When a member achieves a functional plateau, the provider adjusts the plan of care (POC) accordingly and provides monthly (or as appropriate) reassessments to update and modify the home program – When members who have received physical and occupational therapy services experience a loss or regression of present level of function it may be Medically Necessary to resume or increase frequency of therapy ▪ The services are not duplicate services of another service provided concurrently by any other type of therapy (such as speech, physical, and occupational therapy), and must provide different treatment goals, plans, and therapeutic modalities ○ For medical necessity clinical coverage criteria, refer to the InterQual® LOC: Outpatient Rehabilitation & Chiropractic: <ul style="list-style-type: none"> ▪ Habilitation ▪ Rehabilitation ▪ Maintenance ○ Discharge criteria includes but is not limited to all of the following (as applicable): <ul style="list-style-type: none"> ▪ Treatment goals and objectives have been met ▪ Functional abilities have become comparable to those of others of the same chronological age and gender ▪ The desired level of function that has been agreed to by the member and provider has been achieved ▪ The skill of a therapist or other licensed healthcare professional (within the scope of his/her licensure) is not required ▪ The member exhibits behavior that interferes with improvement or participation in treatment and efforts to address these factors have not been successful ▪ In some situations, the member, family, or designated guardian may choose not to participate in treatment, may relocate, or may seek another provider if the therapeutic relationship is not satisfactory; therefore, discharge is also appropriate in the following situations, provided that the member/client, family, and/or guardian have been advised of the likely outcomes of discontinuation: <ul style="list-style-type: none"> – There is a request to be discharged or request continuation of services with another provider – The individual is transferred or discharged to another location where ongoing service from the current provider is not reasonably available; efforts should be made to ensure continuation of services in the new locale

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	<ul style="list-style-type: none"> ▪ The member is unable to tolerate treatment because of a serious medical, psychological, or other condition ○ Bilingual and multilingual speakers are frequently misclassified as developmentally delayed <ul style="list-style-type: none"> ▪ Equivalent proficiency in both languages should not be expected ▪ Members with limited English proficiency must receive culturally and linguistically adapted norm referenced standardized testing in all languages the child is exposed to in order to compare potential deficits ▪ For speech and language therapy services to be Medically Necessary for a member with limited English proficiency, all of the following criteria must be met: <ul style="list-style-type: none"> - All speech deficits must be present in the language in which the member has the highest proficiency - All language deficits must be present in the language in which the member has the highest proficiency - Delivery of services must be in the language in which the member has the highest receptive language proficiency ○ For members with dyslexia, test results substantiating a diagnosis of receptive or expressive language delay must be included with goals addressing the corresponding language deficits ● Added description of: <ul style="list-style-type: none"> ○ Habilitation services ○ Rehabilitation services ○ Maintenance services <p>Required Documentation</p> <ul style="list-style-type: none"> ● Added documentation requirements for “Group Therapy” ● Removed documentation requirements for: <ul style="list-style-type: none"> ○ Hearing Screening ○ Visit Guidelines ○ High Frequency Therapy Visits ● Revised documentation requirements for: <p>Initial Therapy Evaluation/Initial Therapy Visit Requests</p> <ul style="list-style-type: none"> ○ Removed language indicating: <ul style="list-style-type: none"> ▪ The initial evaluation and the first therapy session should not be done on the same day; this is to allow the therapist time to develop a plan of care and for the physician to review the proposed plan of care ▪ The therapy evaluation report must include: <ul style="list-style-type: none"> - Articulation and language screeners will not be accepted in lieu of Standardized Assessment(s); vocabulary tests should not be used to establish eligibility for a receptive and expressive language delay - Evaluation reports must include documentation of collaboration with early intervention, head start, and public school programs as applicable; the following information must be submitted with the pre-certification request <ul style="list-style-type: none"> ● A copy of the member’s current individualized family service plan (IFSP) or individualized education plan (IEP) ● If the current IEP is not available, the requesting therapist must include a description of the goals and objectives from both therapists ○ Replaced language indicating: <ul style="list-style-type: none"> ▪ “A physician referral and a copy of the well child check or intermediary physician visit documenting the need for the speech and language therapy evaluation must be on file prior to the completion of the evaluation” with “a provider (PCP) (MD, DO, PA or NP) or appropriate specialist referral for the speech, physical and occupational therapy evaluation must be on file prior to the completion of the evaluation” ▪ “The therapy evaluation report must include a statement of the member’s medical history, relevant review of systems, onset date of the illness, injury, or exacerbation and any prior

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	<p><i>therapy treatment</i>” with “the therapy evaluation report must include a statement of the member’s medical history”</p> <ul style="list-style-type: none"> ▪ “The therapy evaluation report must include a clear diagnosis including the appropriate ICD-10 code; <i>the ICD-10 code listed must be consistent with the clinical documentation</i>” with “the therapy evaluation report must include a clear diagnosis including the appropriate ICD-10 code” <p>Plan of Care</p> <ul style="list-style-type: none"> ○ Removed language indicating: <ul style="list-style-type: none"> ▪ Short and long-term treatment goals written with targets set for achievements specific to standardized testing benchmarks will not be accepted ▪ The plan of care (POC) must include short and long-term therapeutic methods and monitoring criteria ○ Replaced reference to “functional <i>limitations</i>” with “functional <i>or physical impairment</i>” <p>Requests for Continuation of Therapy Visits</p> <p>Progress Reports (Summary of Progress)</p> <ul style="list-style-type: none"> ○ Added language to clarify intermittent progress reports must demonstrate that the member is making functional progress <i>related to the treatment goals</i> to reflect that continued services are Medically Necessary ○ Removed language indicating progress reports must include: <ul style="list-style-type: none"> ▪ Communication/swallowing diagnosis ▪ Member’s functional communication/swallowing at the beginning of the progress report period ○ Replaced language indicating “the progress report must include the member’s current status as compared to evaluation baseline data and the prior progress reports, including objective measures of member <i>communication/swallowing</i> performance in functional terms that relate to the treatment goals” with “the progress report must include the member’s current status as compared to evaluation baseline data and the prior progress reports, including objective measures of member performance in functional terms that relate to the treatment goals” <p>Re-Evaluations</p> <ul style="list-style-type: none"> ○ Removed language indicating a signed and dated physician order, less than 45 days old, is needed prior to the completion of a speech therapy re-evaluation ○ Replaced language indicating: <ul style="list-style-type: none"> ▪ “Re-evaluations must be completed at least once every <i>six (6)</i> months to support the need for on-going services” with “re-evaluations must be completed at least once every <i>twelve months or more frequently based on state regulatory requirements</i> to support the need for on-going services” ▪ “Re-evaluations performed more often <i>than once every 6 months</i> should only be completed when the member experiences a significant change in functional level in their condition or functional status” with “re-evaluations performed more often [than once every 12 months] should only be completed when the member experiences a significant change in functional level in their condition or functional status” ▪ “Re-evaluations must include current standardized assessment scores, <i>age equivalents</i>, percentage of functional delay, criterion referenced scores or other objective information as appropriate for the member’s condition or impairment” with “re-evaluations must include current standardized assessment scores, percentage of functional delay, criterion referenced scores or other objective information as appropriate for the member’s condition or impairment” ▪ “If <i>many</i> of the long and short-term goals were not achieved, the plan of care must include a description of the barriers or an explanation why the goal(s) needed to be modified or discontinued” with “if <i>the majority</i> of the long and short-term goals were not achieved, the plan of care must include a description of the barriers or an explanation why the goal(s) needed to be modified or discontinued” <p>Treatment Session Notes</p>

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	<ul style="list-style-type: none"> ○ Revised language to indicate treatment session notes must include: <ul style="list-style-type: none"> ▪ Date of treatment ▪ Specific treatment(s) provided that match the CPT code(s) billed ▪ Start and stop time in treatment ▪ The individual’s response to treatment ▪ Skilled ongoing reassessment of the individual’s progress toward the goals ▪ All progress toward the goals in objective, measurable terms using consistent and comparable methods ▪ Any problems or changes to the POC ▪ Member or caregiver involvement in and feedback about home program activities ▪ Signature and date of the treating provider <p>Feeding and Swallowing Disorders</p> <ul style="list-style-type: none"> ○ Added language to clarify the assessment must result in a prognosis for improvement and identification of <i>other</i> relevant factors, <i>if appropriate</i> ○ Removed language indicating feeding and swallowing evaluations must include: <ul style="list-style-type: none"> ▪ Referral for other services or professionals ▪ Counseling, education, and training to the member, health care providers, and caregivers ○ Replaced reference to “speech-language pathologists” with “therapists” <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of: <ul style="list-style-type: none"> ○ Comprehensive Care Management ○ Congenital Anomaly ○ Developmental Delay ○ Duplicate Services ○ Early Periodic Screening, Diagnostic, and Treatment (EPSDT) ○ Functional or Physical Impairment ○ High Frequency Therapy Visits ○ Illness ○ Individualized Education Program (IEP) ○ Individualized Family Service Plan (IFSP) ○ Injury ○ Maintenance Program ○ Restorative Therapy/Rehabilitation ○ Significant Change in Functional Level ○ Speech and Language Therapy ○ Speech Delay – Bilingualism ○ Speech-Language Pathologists ○ Standardized Assessments ● Updated definition of “Medically Necessary” <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Added CPT/HCPCS codes: <p><i>Occupational Therapy</i></p> <ul style="list-style-type: none"> ○ 0552T, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97139, 97140, 97150, 97165, 97166, 97167, 97168, 97530, 97535, 97542, 97750, 97755, 97760, 97761, 97763, 97799, G0129, G0281, G0282, G0283, G0283, S8948, S8990, and S9129 <p><i>Physical Therapy</i></p> <ul style="list-style-type: none"> ○ 0552T, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97530, 97542, 97750, 97760, 97761, 97763, 97799, G0281, G0282, G0283, S8948, S8990, and S9131 ● Removed CPT/HCPCS codes 92597, 92626, 92627, 92630, 92633, V5362, V5363, and V5364 ● Removed list of applicable revenue codes: 0440, 0441, 0442, 0443, 0444, 0449, and 0979

Date	Summary of Changes
	<p data-bbox="337 138 639 170">Supporting Information</p> <ul data-bbox="337 176 1138 268" style="list-style-type: none"> <li data-bbox="337 176 813 207">• Added <i>Description of Services</i> section <li data-bbox="337 210 1138 241">• Updated <i>References</i> section to reflect the most current information <li data-bbox="337 243 886 275">• Archived previous policy version CS112PA.V

Instructions for Use

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