

STRIDEm (HMO) MEDICARE ADVANTAGE**Effective Date: April 17, 2017****Subject: Outpatient Physical and Occupational Therapy Services****Authorization:**

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for all outpatient Physical Therapy (PT) and Occupational Therapy (OT) visits beyond initial evaluation.

Policy and Coverage Criteria:

Harvard Pilgrim Health Care's StrideSM (HMO) Medicare Advantage Plan covers skilled outpatient therapy services (including Physical Therapy, Occupational Therapy, and Speech-Language Pathology services) that are reasonable and medically necessary to improve or maintain a member's current condition, or prevent or slow further deterioration of the member's condition.

- Services are not considered skilled merely because they are furnished by a therapist or a therapist/therapy assistant under supervision of a therapist. Services that can be safely self-administered, or effectively furnished by an unskilled person without the supervision of a therapist, are not considered skilled, even if a therapist actually furnishes the service.

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Provided by contracted vendor(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization (if indicated).

Harvard Pilgrim Health Care's StrideSM (HMO) Medicare Advantage Plan does not cover outpatient therapy services related to activities for a member's general welfare (e.g., exercises to promote overall fitness and flexibility, activities to provide diversion or general motivation), services that are not provided under a therapy plan of care, or services provided by staff who are not qualified or appropriately supervised.

General Eligibility:

Skilled outpatient PT and/or OT services (as appropriate) are authorized when medical record documentation confirms ALL criteria below are met:

1. The member has been referred by his/her PCP for Skilled outpatient PT and/or OT;

HPHC Medical Review Criteria**Outpatient Physical and Occupational Therapy Services****Page 1 of 5**

Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

2. The member requires EITHER:
 - a. Rehabilitative Therapy (i.e., skilled therapy designed to address recovery or improvement, and, when possible, restoration to a previous level of health and well-being); OR
 - b. Maintenance Therapy (i.e., skilled therapy designed to assist in maximizing or maintaining progress made during prior therapy, or to prevent or slow further deterioration due to a disease or illness).
3. Requested services are of such complexity that they can only be safely and effectively performed by a licensed physical or occupational therapist, or by a PTA or OTA working under supervision of a licensed therapist;
4. Requested services are specific and effective treatment (under accepted standards of medical practice) for the member's condition, and directly related to the established treatment plan;
5. The frequency and duration of requested services is reasonable and appropriate under accepted standards of practice.

Rehabilitative Therapy:

Skilled rehabilitative therapy services are authorized when:

1. General Eligibility criteria are met; AND
2. Documentation confirms ANY of the following:
 - a. Potential for improvement, and a realistic expectation that anticipated improvement is attainable in a reasonable and generally predictable period of time; OR
 - b. Significant functional improvement, or decrease in severity of symptoms in response to therapy.

Rehabilitative therapy is not considered reasonable and medically necessary to effect improvement or restoration of function when a patient suffers a transient and easily reversible loss or reduction of function that could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities (e.g., temporary and generalized weakness following a brief period of bed rest after surgery).

Maintenance Therapy:

Outpatient PT and/or OT services may be authorized when skilled services are medically necessary to establish a Maintenance Program. Medical record documentation must confirm the specialized skills, knowledge and judgment of a qualified therapist are required to:

- Establish and/or design a maintenance program intended to maintain the patient's current condition, or prevent or slow further deterioration; OR
- Instruct the patient and/or appropriate caregiver regarding the maintenance program; OR
- Periodically reevaluate and/or reassess the effectiveness of the established maintenance program; OR
- Deliver skilled therapy components of the maintenance program.

Once a maintenance program is established, the determination of medical necessity for skilled therapy services to carry out the maintenance program is based on the member's need for skilled care. Coverage for therapy services to carry out a maintenance program does not depend on the presence or absence of the patient's potential for improvement from the therapy.

Exclusions:

Harvard Pilgrim's StrideSM (HMO) Medicare Advantage Plan does not cover outpatient PT and OT visits when criteria above are not met.

Additional non-covered indications for maintenance programs include the following services:

HPHC Medical Review Criteria

Outpatient Physical and Occupational Therapy Services

Page 2 of 5

Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

- Non-individualized services;
- Services considered to be routine or non-skilled (e.g., supportive nursing services);
- Maintenance programs for patients without a complex condition that requires development of such a program by a skilled therapist;
- Exercises or activities that could have been transitioned to an independent or caregiver assisted program (e.g., consistently repetitive exercises/activities);
- Non-cooperation by patient or caregiver(s);
- Continuation of treatment solely for the purpose of staff training and education, or development of a formal maintenance program after rehabilitative therapy has been completed.

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Code	Description
29240	Shoulder strapping (e.g., Velpeau)
29530	Knee strapping
29540	Ankle and/or foot strapping
90901	Biofeedback training by any modality
95831	Extremity (excluding hand) or trunk muscle testing, manual (separate procedure) with report
97012	Mechanical traction
97016	Vasopneumatic devices
97018	Paraffin bath
97022	Whirlpool
97026	Infrared
97032	Electrical stimulation (manual) (15 minutes)
97033	Iontophoresis (15 minutes)
97035	Ultrasound (15 minutes)
97110	Therapeutic exercises to develop strength and endurance, range of motion, and flexibility (15 minutes)
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (15 minutes)
97113	Aquatic therapy with therapeutic exercises (15 minutes)
97116	Gait training (includes stair climbing) (15 minutes)
97124	Massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion) (15 minutes)

HPHC Medical Review Criteria

Outpatient Physical and Occupational Therapy Services

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CPT® Code	Description
97140	Manual therapy techniques (e.g., connective tissue massage, joint mobilization and manipulation, and manual traction) (15 minutes)
97150	Group therapeutic procedure(s) (two or more individuals)
97161	Physical Therapy Evaluation: Low Complexity
97162	Physical Therapy Evaluation: Moderate Complexity
97163	Physical Therapy Evaluation: High Complexity
97164	Re-Evaluation of Physical Therapy Established Plan of Care
97165	Occupational Therapy Evaluation, Low Complexity
97166	Occupational Therapy Evaluation, Moderate Complexity
97167	Occupational Therapy Evaluation, High Complexity
97168	Re-Evaluation of Occupational Therapy Established Plan Of Care
97530	Dynamic activities to improve functional performance, direct (one-on-one) with the patient (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 (15 minutes)
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report (15 minutes)

References:

- 42 CFR 440.110 - Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders. 42 CFR 440.110 - Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders. <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-110>. Accessed March 7, 2017.
- Specialty Manual: Outpatient Rehabilitation Therapy Services. https://www.cgsmedicare.com/partb/pubs/specman/pdf/specman_outpatient_rehab.pdf. Accessed March 7, 2017.
- Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>. Accessed March 7, 2017.

Summary of Changes:

Date	Revision
3/08/17	Updated coding for 2017 Physical and Occupational Therapy codes
9/28/16	Minor language and formatting changes.

HPHC Medical Review Criteria

Outpatient Physical and Occupational Therapy Services

Page 4 of 5

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Approved by UMPC: 03/08/17
Revised: 9/16; 3/17
Initiated: 9/16

HPHC Medical Review Criteria

Outpatient Physical and Occupational Therapy Services

Page 5 of 5

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