

<b>BSC8.08</b>	<b>Occupational Therapy</b>		
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<b>Section:</b>	8.0 Therapy	<b>Page:</b>	Page 1 of 35

## Policy Statement

### REHABILITATIVE OCCUPATIONAL THERAPY SERVICES

- I. Rehabilitative occupational therapy (OT) services to improve, adapt, compensate, or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality are considered **medically necessary** when **ALL** of the following criteria are met:
  - A. The services are delivered by a qualified practitioner of occupational therapy services (i.e., appropriately trained and licensed by the state to perform occupational therapy services)
  - B. A qualified occupational therapy practitioner is necessary to safely and effectively furnish a recognized therapy service due to the complexity and sophistication of the plan of care and the medical condition of the individual
  - C. The individual demonstrates a physical and/or functional impairment as demonstrated by the inability to perform basic activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or usual daily activities.
  - D. The individual demonstrates signs and symptoms of physical and/or functional impairment in one or more of the following areas:
    1. Sensory
    2. Motor
    3. Cognitive
    4. Psychological
    5. Cardiopulmonary status and circulation
    6. Skin
  - E. **ALL** of the following:
    1. The individual's condition has the potential to improve or is improving in response to therapy and maximum improvement is yet to be attained
    2. There is an expectation that the anticipated improvement is attainable in a **reasonable and generally predictable period of time\***
    3. There is an expectation that therapy will result in a clinically significant level of functional improvement
  - F. The individual is reasonably not expected to improve or restore function while resuming normal activities without skilled rehabilitative services
  - G. The documentation shows **ALL** of the following:
    1. Objectively verifies progressive functional improvement over specific time frames
    2. Clinically justifies the initiation of continuation of rehabilitative services
    3. The program is individualized
    4. Quantifiable and attainable treatment goals.

**\*Reasonable and predictable period of time:** The specific time frames in which one would expect practical functional improvement is dependent on various factors including whether the services are Rehabilitative or Habilitative services. A reasonable trial of care for rehabilitative services to determine the individual's potential for improvement in or restoration of function is influenced by the diagnosis; clinical evaluation findings; stage of the condition (acute, sub-acute, chronic); severity of the condition; and patient-specific elements (age, gender, past and current medical history, family history, and any relevant psychosocial factors). Habilitative services may be prolonged and are primarily influenced by the type of ADLs or IADLs which have not developed, or which are at risk of being lost.

- II. An occupational therapy evaluation is considered **medically necessary** for the assessment of a physical impairment.

- III. Rehabilitative OT services are **not medically necessary** if **any** of the following is determined:
- A. Services are NOT 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.
  - B. Skilled therapy services are not required for the improvement or restoration of function as the individual gradually resumes normal activities. For example:
    - 1. A individual suffers a transient and easily reversible loss or reduction in function which could reasonably be expected to improve spontaneously as the individual gradually resumes normal activities.
    - 2. A fully functional individual who develops temporary weakness from a brief period of bed rest following abdominal surgery
  - C. Therapy services that do not require the skills of a qualified practitioner of OT services. Examples include but are not limited to:
    - 1. General exercises to promote overall fitness/conditioning (e.g., strength, flexibility, aerobics, or aquatic programs).
    - 2. Services for the purpose of enhancing athletic or sports performance
    - 3. Services for the purpose of returning to recreational sports after injury or surgery.
    - 4. Massages or whirlpools for relaxation.
    - 5. General public education/instruction sessions.
    - 6. Activities and services that an individual can practice independently and can be self-administered safely and effectively (e.g., repetitive gait activities).
      - a. Activities that require only routine supervision and NOT the skilled services of an occupational therapy practitioner.
      - b. When a home exercise program is sufficient and can be utilized to continue therapy (examples of exceptions include but would not be limited to the following: if individual has poor exercise technique that requires cueing and feedback, lack of support at home if necessary for exercise program completion, and/or cognitive impairment that doesn't allow the individual to complete the exercise program).
  - D. There is no expectation that the service(s) will result in a clinically significant improvement in the level of functioning within a reasonable and predictable period of time (up to 4 weeks). Examples include but are not limited to:
    - 1. If, absent supervised care, function could reasonably be expected to improve at the same / similar rate as the individual gradually resuming normal activities
    - 2. The individual's condition does not have the potential to improve or is not improving in response to therapy; or would not produce a meaningful improvement relative to the extent and duration of therapy required; and there is an expectation that further improvement is NOT attainable.
    - 3. The documentation fails to objectively verify functional progress over a reasonable period of time (up to 4 weeks).
    - 4. The individual has reached maximum therapeutic benefit.
  - E. A passive modality (such as heat, ice, or electrical stimulation) is **not** preparatory to other skilled treatment procedures
  - F. A passive modality (such as heat, ice, or electrical stimulation) is not essential to provide other skilled treatment procedures safely and effectively.
  - G. A passive modality has insufficient published evidence to support a clinically meaningful physiologic effect on the target tissue or improve the potential for a positive response to care for the condition being treated.
  - H. Reevaluations or assessments of an individual's status that are not necessary to continue a course of therapy
  - I. Reevaluations or assessments of an individual's status that are not related to a new condition or exacerbation for which the reevaluation will likely result in a change in the treatment plan.

- IV. The following treatments/programs are **not medically necessary**:
- A. Back school
  - B. Driving safety/driver training
  - C. Vocational rehabilitation programs and any program or evaluation with the primary goal of returning an individual to work
  - D. Work hardening programs
  - E. Health and wellness intervention
  - F. Education and achievement testing, including Intelligence Quotient (IQ) testing.
  - G. Educational interventions (e.g., classroom environmental manipulation, academic skills training and parental training).
  - H. Services provided within the school setting and duplicated in the rehabilitation setting.

#### MAINTENANCE OCCUPATIONAL THERAPY SERVICES

- V. Maintenance occupational therapy services are considered **medically necessary** when **any** of the following criteria are met:
- A. If the specialized skill, knowledge and judgment of a qualified occupational therapist are required to establish or design a maintenance program for **EITHER** of the following:
    - 1. To maintain the individual's current condition
    - 2. To prevent or slow further deterioration.
  - B. If skilled occupational therapy services by a qualified occupational therapist, or occupational therapist assistant under the supervision of a qualified therapist, are needed to instruct the patient or appropriate caregiver regarding the maintenance program.
  - C. If skilled occupational therapy services are needed for **EITHER** of the following:
    - 1. Periodic reevaluations
    - 2. Reassessments of the maintenance program.
- VI. Once a maintenance program is designed or established, a maintenance program can generally be performed by the patient alone or with the assistance of family member, caregiver or unskilled personnel. In such situations, coverage is **not medically necessary**.
- VII. The performance or delivery of the maintenance therapy program is considered **medically necessary** when the documentation establishes **ANY** of the following criteria:
- A. The individualized assessment of a patient's clinical condition demonstrates that skilled care by an occupational therapy practitioner is necessary for the performance of an effective maintenance program.
  - B. When the needed therapy are of such complexity and sophistication that the skills of a qualified occupational therapy practitioner are required to furnish the therapy procedure
  - C. The particular individual's special medical complications require the skills of a qualified occupational therapy practitioner to furnish a therapy service required for **EITHER** of the following:
    - 1. To maintain the individual's current function
    - 2. To prevent or slow further deterioration, even if the skills of an occupational therapy practitioner are not ordinarily needed to perform such therapy procedures.

#### HABILITATIVE OCCUPATIONAL THERAPY SERVICES

- VIII. Habilitative OT services are considered **medically necessary** when **ALL** the following criteria are met:
- A. The therapy is intended to maintain or develop skills needed to perform Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) which **EITHER**:
    - 1. Have not (but normally would have) developed

2. Are at risk of being lost as a result of illness (including developmental delay), injury, loss of a body part, or congenital abnormality.
- B. The occupational therapy services are **BOTH** of the following:
    1. Evidence-based
    2. Require the judgment, knowledge, and skills of a qualified practitioner of occupational therapy services due to the complexity and sophistication of the plan of care and the medical condition of the individual.
  - C. There is an expectation that the therapy will **EITHER**:
    1. Assist development of function
    2. Maintain an acceptable level of functioning
  - D. An individual would **EITHER**:
    1. Not be expected to develop the function without the habilitative service
    2. Would be expected to permanently lose the function (not merely experience fluctuation in the function) without the habilitative service.

Note: If the undeveloped or impaired function is not the result of a loss of body part or injury, a provider experienced in the evaluation and management of the undeveloped or impaired function has confirmed that the function would not either be expected to develop or would be permanently lost without the habilitative service.
  - E. There is a written treatment plan documenting **ALL** of the following:
    1. The short and long-term goals (including estimated time when goals will be met) of treatment
    2. Frequency and duration of treatment
    3. What quantitative outcome measures will be used to assess function objectively.
    4. Objective verification that, at a minimum, functional status is maintained or developed.
  - F. The services are delivered by a qualified practitioner of occupational therapy services.

#### REDUNDANT/DUPLICATIVE REHABILITATIVE OR HABILITATIVE SERVICES

- IX. Redundant rehabilitative or habilitative therapy services are **not medically necessary**. This includes treatments, such as but not limited to:
  - A. Services provided to the same body region during the same treatment session
  - B. Multiple modalities procedures that have similar or overlapping physiologic effects (e.g., multiple forms of superficial or deep heating modalities).
  - C. Massage therapy and myofascial release.
  - D. Orthotics training and prosthetic training.
  - E. Whirlpool and Hubbard tank.
- X. Duplicative (same or similar) rehabilitative or habilitative therapy services provided as part of an authorized therapy program through another therapy discipline are **not medically necessary** and inappropriate in the provision of care for the same individual (see Policy Guidelines section for additional information).

**NOTE:** Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

### Policy Guidelines

This policy includes criteria for coverage approval for both **rehabilitative** occupational therapy and **habilitative** occupational therapy.

#### Rehabilitative Services

Rehabilitative services are defined as specialized treatments provided to individuals who suffer from either temporary or permanent loss of physical functions due to trauma, illness, congenital or developmental anomalies, therapeutic interventions, or loss of a body part, and which are designed

to improve or restore the ability to perform Activities of Daily Living. These therapeutic services must always have defined goals which can be reached in a reasonable period of time. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both.

### **Habilitative services**

Habilitative services are defined by the National Association of Insurance Commissioners as "health care services that help a person keep, learn or improve skills and functioning for daily living."

Habilitative services are intended to maintain, develop or improve skills needed to perform activities of daily living (ADLs) or instrumental activities of daily living (IADLs) which have not (but normally would have) developed or which are at risk of being lost as a result of illness, injury, loss of a body part, or congenital abnormality. Examples include therapy for a child who is not walking at the expected age.

### **Duplicative Rehabilitative or Habilitative Therapy Services**

Duplicative rehabilitative or habilitative therapy services may come from a therapy program through another therapy discipline. Duplicative services for the same patient are inappropriate in the provision of care. Additional information below:

- When individuals receive physical, occupational, or speech therapy, the therapists should provide different treatments that reflect each therapy discipline's unique perspective on the individual's impairments and functional deficits and not duplicate the same treatment. They must also have separate evaluations, treatment plans, and goals. This applies to chiropractic services as well.
- As an example, when individuals receive manual therapy services from an occupational therapist and chiropractic or osteopathic manipulation, the services must be documented as separate and distinct, performed on different body parts, and must be justified and non-duplicative.

### **Activities of Daily Living**

According to the definition provided by the Centers for Medicare and Medicaid Services, "activities of daily living" are defined as:

"...activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. If a sample person has difficulty performing an activity by himself/herself and without special equipment, or does not perform the activity at all because of health problems, the person is deemed to have a limitation in that activity. The limitation may be temporary or chronic at the time of the survey."

### **Instrumental Activities of Daily Living**

According to the definition provided by the Centers for Medicare and Medicaid Services, "instrumental activities of daily living" are defined as:

"...activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person has any difficulty performing an activity by himself/herself, or does not perform the activity at all, because of health problems, the person is deemed to have a limitation in that activity. The limitation may be temporary or chronic at the time of the survey."

### **Coding**

See the [Codes table](#) for details.

## **Description**

This document addresses Occupational Therapy Services which may be delivered by an Occupational Therapist acting within the scope of a professional license.

According to the American Occupational Therapy Association, occupational therapists and occupational therapy assistants help people across their lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Occupational therapists provide services to patients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes. OT addresses physical, cognitive, psychosocial, sensory, communication, and other areas of performance in various contexts and environments in everyday life activities that affect health, well-being, and quality of life. The overarching goal of occupational therapy is "to support [people's] health and participation in life through engagement in occupations."

A service is not considered a skilled therapy service merely because it is furnished by a therapist or by a therapist/therapy assistant under the direct or general supervision, as applicable, of a therapist. If a service can be self-administered or safely and effectively furnished by an unskilled person, without the direct or general supervision, as applicable, of a therapist, the service cannot be regarded as a skilled therapy service even though a therapist furnishes the service. Similarly, the unavailability of a competent person to provide a non-skilled service, notwithstanding the importance of the service to the patient, does not make it a skilled service when a therapist furnishes the service.

### Related Policies

- Physical Therapy
- Speech Therapy

### Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

### Regulatory Status

#### State:

Per California Senate Bill (SB) 43 (Health and Safety Code 1367.005 and Insurance Code Section 10112.27), "habilitative services" are defined as health care services and devices that help a person keep, learn, or improve skills and functioning for Activities of Daily Living or Instrumental Activities of Daily Living (see Policy Guidelines section). These include common human skills and function that never or only marginally developed because of congenital defect, trauma, illness, therapeutic intervention, or loss of a body part, or skills and functions that are in peril of loss for these reasons. Also, these disabilities are so profound that therapeutic goal setting is not possible and the time to achievement of full or potential function is not predictable.

## Rationale

### Literature Review

#### Occupational Therapy for Conditions Considered Unproven

There is a limited amount of evidence regarding individual occupational therapy interventions for specific conditions. There are several Cochrane systematic reviews and other reviews that have been published regarding occupational therapy for various conditions (Steultjens, et al., 2004; Steultjens et al., 2005; Legg et al., 2006; Dixon et al., 2007; Hoffman et al., 2011; Hoare et al., 2021; Quinn et al., 2021; Legg et al., 2021; García Pérez et al., 2021; Fields and Smallfield, 2022; Cunningham et al., 2022; Wood et al., 2022). The reviews in general found that there is improvement seen with occupational therapy however, evidence with respect to specific interventions is limited. Passive modalities, such as ultrasound, electric stimulation, traction, laser, and hot and cold packs, are often used in combination with manual therapies and exercise despite insufficient and/or inconclusive evidence for many conditions. Often methodologic flaws and heterogeneity of studies result in an inability to draw confirmatory conclusions.

#### Specific Occupational Therapy Treatments Considered Unproven:

##### Constraint-Induced Movement Therapy (CIMT)

Constraint-induced movement therapy (CIMT) is a multi-faceted intervention that has been proposed for neurological conditions that involve hemiparesis. CIMT is also referred to as constraint-induced therapy or forced use therapy and is primarily provided by physical therapists and occupational therapists. Several variations exist based on method and length of restraint, and type and duration of therapy (e.g., environment and practitioner). The therapy involves constraining the unaffected arm or hand with a sling, glove or mitt. CIMT typically involves intensive individualized therapy with up to six–eight hours of therapy provided per day. However, other forms of modified CIMT have been developed with less therapy provided, but longer periods of restraint (Wolf, 2006). Veterans Affairs/Dept of Defense (VA/DoD) published guidelines that have also been endorsed by American Heart Association/American Stroke Association (AHA/ASA)—Clinical Practice Guideline for the Management of Adult Stroke Rehabilitation Care (Bates, et al., 2005). The guidelines note that, “Use of constraint-induced therapy should be considered for a select group of patients—that is, patients with 20 degrees of wrist extension and 10 degrees of finger extension, who have no sensory and cognitive deficits.” Indicating a recommendation that the intervention may be considered). The Royal College of Physicians/Intercollegiate Stroke Working Party (United Kingdom) and the Ottawa Panel (2006) agree with these recommendations.

CIMT has demonstrated inconsistent effectiveness for treatment of patients post-stroke (Abdullahi et al., 2020; Pulman et al., 2013; McIntyre et al., 2012; Corbetta et al., 2010; Sirtori et al., 2009; Abdullahi et al., 2021; Alaca and Ocal, 2022; Gulrandhe et al., 2023). Future randomized controlled trials need to have accurate characteristics in terms of methodological quality, larger samples, longer follow up, reliable and relevant measure and report of adverse events. Some evidence demonstrates that modified CIMT could reduce the level of disability, improve the ability to use the paretic upper extremity, and enhance spontaneity during movement time, but evidence is still limited about the effectiveness of modified CIMT in kinematic analysis (Pollack et al., 2014; Shi et al., 2011). Research suggests that modified CIMT and intensive CIMT produce similar results (Peurala et al., 2012).

CIMT has also been used for the treatment of children with cerebral palsy (CP). Research is not conclusive with regards to the effectiveness of CIMT for this population; however there appears to be modest evidence to support its use in a modified format (Martínez Costa and Cabeza, 2020; Novak et al., 2020; Sakzewski et al., 2009; Hoare et al., 2007; Chen et al., 2014; Chiu and Ada, 2016; Eliasson et al., 2014, Hoare et al., 2019; Martínez-Costa Montero et al., 2020; Walker et al., 2022; Dionisio and Terrill, 2022; Jackman et al., 2022; Baker et al., 2022; Gulrandhe et al., 2023). Further research using adequately powered RCTs [randomized controlled trials], rigorous methodology and valid, reliable

outcome measures is essential to provide higher level support of the effectiveness of CIMT for children with hemiplegic cerebral palsy.

### **Dry Hydrotherapy**

Dry hydrotherapy, also referred to as aqua massage, water massage, or hydromassage, is a treatment that incorporates water with the intent of providing therapeutic massage. The treatment is generally provided in chiropractor or therapy offices. There are several dry hydrotherapy devices available that provide this treatment, including the following:

- Aqua Massage® (AMI Inc., Mystic, CT)
- AquaMED® (JTL Enterprises, Inc., Clearwater, FL)
- H2Omassage System™ (H2Omassage Systems, Winnipeg, MB, Canada)
- Hydrotherapy Tables (Sidmar Manufacturing, Inc., Princeton, MN)

Proponents of dry hydrotherapy maintain that it can be used in lieu of certain conventional physical medicine therapeutic modalities and procedures, such as heat packs, wet hydrotherapy, massage, and soft tissue manipulation. The assertions that have been made by manufacturers of this device at their websites have not yet been proven. No published studies or information regarding dry hydrotherapy devices or dry hydrotherapy treatment were identified in the peer-reviewed scientific literature. In the absence of peer-reviewed literature demonstrating the effectiveness of dry hydrotherapy and in the absence of comparison to currently accepted treatment modalities, no definitive conclusions can be drawn regarding the clinical benefits of this treatment.

### **Equestrian Therapy (e.g., Hippotherapy)**

Equestrian therapy, also known as hippotherapy, is proposed to offer a person with a disability a means of physical activity that aids in improving balance, posture, coordination, the development of a positive attitude and a sense of accomplishment. It is proposed for treatment of several conditions including autism spectrum disorders and cerebral palsy. There is insufficient published evidence regarding the effects of this therapy on individuals with impaired physical function resulting from illness, injury, congenital defect or surgery (De Miguel et al., 2018; De Guindos-Sanchez et al., 2020; Marquez et al., 2020; White et al., 2020; Santos de Assis et al., 2022; Pantera et al., 2022; Pérez-Gómez et al., 2022; Heussen and Häusler, 2022; Prieto et al., 2022). It is noted that most studies are limited by methodological weaknesses.

### **The Interactive Metronome Program**

Interactive Metronome® (IM) is purported to be an assessment and training tool that measures and improves Neurotiming, or the synchronization of neural impulses within key brain networks for cognitive, communicative, sensory and motor performance. It is designed to improve processing speed, focus, and coordination. Patients wear headphones and match a beat using a hand or foot sensor along with visual and auditory feedback. The IM program has been promoted as a treatment for children with attention-deficit hyperactivity disorder (ADHD) and for other special needs children to increase concentration, focus, and coordination. It has also been promoted to improve athletic performance, to assess and improve academic performance of normal children, and to improve children's performance in the arts (e.g., dance, music, theater, creative arts). Additionally, it has been implemented as part of a therapy program for patients with balance disorders, cerebrovascular accident, limb amputation, multiple sclerosis, Parkinson's disease, and traumatic brain injury. However, based on peer-reviewed literature, evidence is insufficient to support effectiveness of the IM program. Well-designed clinical studies are needed to determine the effectiveness of the IM program and whether a clinically significant improvement is achieved.

### **Others Specific Occupational Therapy Treatments Considered Unproven:**

- Intensive Model of Therapy (IMOT) Programs
- Non-invasive Interactive Neurostimulation (e.g., InterX®)
- Microcurrent Electrical Nerve Stimulation (MENS)



- H-WAVE®
- MEDEK Therapy
- Taping/Elastic Therapeutic Tape (e.g., Kinesio™ Tape, Spidertech™ Tape)
- Dry Needling

### **Supplemental Information**

#### **Providers of Occupational Therapy Services**

Covered, medically necessary rehabilitative or habilitative services must be delivered by a qualified Occupational Therapist acting within the scope of their license as regulated by the Federal and State governments. Some services may be performed by ancillary providers (e.g., licensed occupational therapy assistant) under the direction and supervision of, and in collaboration with, a licensed Occupational Therapist; however, generally, only those healthcare practitioners who hold an active license, certification, or registration with the applicable state board or agency may provide such services.

Aides and other nonqualified personnel are limited to provision of non-skilled services such as preparing the individual, treatment area, equipment, or supplies; assisting a qualified therapist or assistant; and transporting individuals.

#### **Therapeutic Modalities and Procedures**

In some states, occupational therapists are required to hold a specific certification to use modalities in practice. The CPT® 10 codebook defines a modality as "any physical agent applied to produce therapeutic changes to biologic tissue; includes but is not limited to thermal, acoustic, light, mechanical, or electric energy." Modalities may be supervised, which means that the application of the modality doesn't require direct one-on-one patient contact by the practitioner. Or modalities may involve constant attendance, which indicates that the modality requires direct one-on-one patient contact by the practitioner.

Supervised modalities are untimed therapies. Untimed therapies are usually reported only once for each date of service regardless of the number of minutes spent providing this service or the number of body areas to which they were applied. Untimed services billed as more than one unit will require significant documentation to justify treatment greater than one session per day. Examples of supervised modalities include application of:

- Hot or cold packs
- Mechanical traction
- Unattended electrical stimulation
- Vasopneumatic devices
- Whirlpool
- Paraffin bath
- Diathermy

Modalities that require constant attendance, are timed and reported in 15-minute increments (one unit) regardless of the number of body areas to which they are applied.

Examples of modalities that require constant attendance include:

- Contrast baths
- Ultrasound
- Electrical stimulation
- Iontophoresis

The CPT® codebook defines therapeutic procedures as "A manner of effecting change through the application of clinical skills and/or services that attempt to improve function." Except for Group

Therapy (97150) and Work Hardening/Conditioning (97545-6), therapeutic procedures require direct (one-on-one) patient contact (constant attendance) by the Occupational Therapist, are timed therapies, and must be reported in units of 15-minute increments. Only the actual time that the Occupational Therapist is directly working with the patient performing exercises/activities, instruction, or assessments is counted as treatment time. The time that the patient spends not being treated because of a need for rest or equipment set up is not considered treatment time. Any exercise/activity that does not require, or no longer requires, the skilled assessment and intervention of a health care practitioner is not considered a medically necessary therapeutic procedure. Exercises often can be taught to the patient or a caregiver as part of a home/self-care program. Examples of therapeutic procedures that require the Occupational Therapist to have direct (one-on-one) patient contact include:

- therapeutic exercises
- neuromuscular reeducation
- gait training
- manual therapy (e.g., soft tissue mobilization)
- therapeutic activities
- sensory integrative techniques
- wheelchair training

### **Passive Care and Active Care**

#### **Passive Care**

Passive care are those interventions applied to a patient with no active participation on the part of the patient. Passive care includes various skilled therapeutic procedures (e.g., chiropractic manipulation, manual therapy [CPT® 38 97140], acupuncture) as well as passive therapeutic modalities, such as heat, cold, electrical stimulation, and ultrasound.

#### **Active Care**

Active care involves therapeutic interventions that require patients to engage in specific exercises, movements, or activities to improve their health. Unlike passive care, which relies on external treatments (such as passive therapeutic modalities), active care emphasizes patient involvement and responsibility.

### **Treatment Interventions**

Below are descriptions and medical necessity criteria, as applicable, for different treatment interventions, including specific modalities and therapeutic procedures associated with occupational therapy. This material is for informational purposes only and is not indicative of coverage, nor is it an exhaustive list of services provided.

#### **Hydrotherapy/Whirlpool/Hubbard Tank**

These modalities involve supervised use of agitated water in order to relieve muscle spasm, improve circulation, or cleanse wounds e.g., ulcers, skin conditions. Hydrotherapy may be considered medically necessary for pain relief, muscle relaxation and improvement of movement for persons with musculoskeletal conditions or for wound care (cleansing and debridement).

#### **Fluidotherapy®**

This modality is used specifically for acute and subacute conditions of the extremities. Fluidotherapy® 3 is a dry superficial thermal modality that transfers heat to soft tissues by agitation of heated air and Cellux particles. The indications for this modality are similar to paraffin baths and whirlpool and it is an acceptable alternative to other heat modalities for reducing pain, edema, and muscle spasm from acute or subacute traumatic or non-traumatic musculoskeletal disorders of the extremities, including complex regional pain syndrome (CRPS). A benefit of Fluidotherapy® is that patients can perform active range of motion (AROM) while undergoing treatment.

**Vasopneumatic Devices**

These special devices apply pressure for swelling/edema reduction, either after an acute injury, following a surgical procedure, due to lymphedema, or due to pathology such as venous insufficiency. Education sessions for home use are considered medically necessary (up to two sessions). Cooling systems such as Game Ready® 15 Systems, Cryocuff, Polar Care Wave or any similar cold compression system devices are not considered vasopneumatic devices and should not be billed as such.

**Hot/Cold Packs**

Hot packs increase blood flow, relieve pain and increase flexibility. Cold packs decrease blood flow to an area for reduction of pain and swelling. They may be considered medically necessary for musculoskeletal conditions that include significant pain and/or swelling.

**Paraffin Bath**

This modality uses hot wax for application of heat. It is indicated for use to relieve pain and increase range of motion of extremities (typically wrists and hands) due to chronic joint problems, post-injury, or post-surgical scenarios.

**Mechanical Traction**

This device provides a mechanical pull on the spine (cervical or lumbar) to relieve pain, spasm, and nerve root compression. Mechanical traction may be considered medically necessary only when there is no improvement after the application of other evidence-based therapeutic procedures to significantly improve symptoms for 3 weeks; the patient has signs of nerve root compression or radiculopathy; it is used in combination with other evidence-based treatments including therapeutic exercise with extension movements. A table or chair with moving rollers used against the spine or paraspinal tissues (e.g., Spinalator, AKA intersegmental traction) is not a form of mechanical traction.

Axial Decompression Therapy (AKA Decompression Therapy or Spinal Decompression Therapy) is considered unproven and not medically necessary.

**Infrared Light Therapy**

Infrared light therapy is a form of heat therapy used to increase circulation to relieve muscle spasm. Other heating modalities are considered superior to infrared lamps and should be considered unless there is a contraindication to those other forms of heat. Utilization of the Infrared Light Therapy CPT® code is not appropriate for low level laser treatment. This also does not refer to Anodyne® Therapy System.

**Electrical Stimulation**

Electrical stimulation is used in different variations to relieve pain, reduce swelling, heal wounds, and improve muscle function. Functional electric stimulation is considered medically necessary for muscle re-education (to improve muscle contraction) in the earlier phases of rehabilitation.

**Iontophoresis**

Electric current is used to transfer certain chemicals (medications) into body tissues. Use of iontophoresis may be considered medically necessary for the treatment of inflammatory conditions, such as plantar fasciitis and lateral epicondylitis.

**Contrast Baths**

This modality is the application of alternative hot and cold baths and is typically used to treat extremities with subacute swelling or chronic regional pain syndrome (CRPS). Contrast baths may be considered medically necessary to reduce hypersensitivity and swelling.

**Ultrasound**

This modality provides deep heating through high frequency sound wave application. Non-thermal applications are also possible using the pulsed option. Ultrasound is commonly used to treat many

soft tissue conditions that require deep heating or micromassage to a localized area to relieve pain and improve healing. Ultrasound may be considered medically necessary to relieve pain and improve healing.

**Diathermy (e.g., shortwave)**

Shortwave diathermy utilizes high frequency magnetic and electrical current to provide deep heating to larger joints and soft tissue, and may be considered medically necessary for pain relief, increased circulation, and muscle spasm reduction. Microwave diathermy presents an unacceptable risk profile and is not medically necessary.

**Therapeutic Exercises**

Therapeutic exercise includes instruction, feedback, and supervision of a person in an exercise program specific to their condition. Therapeutic exercise may be considered medically necessary to restore/develop strength, endurance, range of motion and flexibility which has been lost or limited as a result of illness, injury, loss of a body part, or congenital abnormality. Exercise performed by the patient within a clinic facility or other location (e.g., home, gym) without a physician or therapist present and supervising would be considered not medically necessary.

**Neuromuscular Reeducation (NMR)**

NMR generally refers to a treatment technique performed for the purpose of retraining the connection of the brain and muscles, via the nervous system, to improve balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities. The goal of NMR is to develop conscious control of individual muscles and awareness of position of extremities. The procedure may be considered medically necessary for impairments which affect the neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination) that may result from musculoskeletal or neuromuscular disease or injury such as severe trauma to nervous system, post orthopedic surgery, cerebral vascular accident and systemic neurological disease. Example techniques may include proprioceptive neuromuscular facilitation (PNF), quadriceps activation methods, activities that engage balance and core control, and, desensitization techniques. This does not include contract/relax or other soft tissue massage techniques. NMR is typically used as the precursor to the implementation of Therapeutic Activities.

**Aquatic Therapy**

Pool therapy (aquatic therapy) is provided individually, in a pool, to debilitated or neurologically impaired individuals. (The term is not intended to refer to relatively normal functioning individuals who exercise, swim laps or relax in a hot tub or Jacuzzi.) The goal is to develop and/or maintain muscle strength and range of motion by reducing forces of gravity through total or partial body immersion (except for head). Aquatic therapy may be considered medically necessary to develop and/or maintain muscle strength and range of motion when it is necessary to reduce the force of gravity through partial body immersion.

**Soft Tissue Mobilization**

Soft tissue mobilization techniques are more specific in nature and include, but are not limited to, myofascial release techniques, friction massage, and trigger point techniques. Specifically, myofascial release is a soft tissue manual technique that involves manipulation of the muscle, fascia, and skin. Skilled manual techniques (active and/or passive) are applied to soft tissue to effect changes in the soft tissues, articular structures, neural or vascular systems. Examples are facilitation of fluid exchange, restoration of movement in acutely edematous muscles, or stretching of shortened connective tissue. This procedure is considered medically necessary for treatment of pain and restricted motion of soft tissues resulting in functional deficits.

**Joint Mobilization**

Joint mobilization is utilized to reduce pain and increase joint mobility. Most often mobilizations are indicated for the upper extremity, especially the hand.

**Therapeutic Activities**

Therapeutic activities or functional activities (e.g., bending, lifting, carrying, reaching, pushing, pulling, stooping, catching and overhead activities may be considered medically necessary) to improve function when there has been a loss or restriction of mobility, strength, balance or coordination. These dynamic activities must be part of an active treatment plan and directed at a specific outcome. As an example, this intervention may be considered medically necessary after a patient has completed exercises focused on strengthening and range of motion but needs to improve function-based activities.

**Activities of Daily Living (ADL) Training**

This procedure is considered medically necessary to enable the patient to perform essential activities of daily living, instrumental activities of daily living, and self-care including bathing, feeding, preparing meals, toileting, dressing, walking, making a bed, and transferring from bed to chair, wheelchair or walker. Services provided concurrently by physical therapists and occupational therapists may be considered medically necessary if there are separate and distinct functional goals.

**Self-Care/Home Management Training**

Self-Care/Home Management Training involves instructing and training patients with impairments in essential activities of daily living (ADL) and self-care activities (e.g., bathing, feeding, dressing, preparing meals, toileting, walking, making bed, and transferring from bed to chair, wheelchair or walker). This also includes compensatory training for ADLs, safety procedures, and instructions in the use of adaptive equipment and assistive technology for use in the home environment. Self-Care/Home Management Training may be considered medically necessary only when training is designed to address specific needs and goals of the patient for self-management skill development.

**Cognitive Skills Development**

This procedure is considered medically necessary for persons with acquired cognitive deficits resulting from head trauma, or acute neurologic events including cerebrovascular accident, pediatric developmental condition, or other situations. It is not appropriate for persons without potential for improvement. Occupational therapists and speech language pathologists with specific training typically provide this care. This procedure should be aimed at improving or restoring specific functions which were impaired by an identified illness or injury.

**Sensory Integration**

Sensory integration involves perceiving, modulating, organizing, and interpreting these sensations to optimize occupational performance and participation. Sensory integration (SI) is mainly an intervention for children with developmental and behavioral disorders. The activities included in SI provide vestibular, proprioceptive, auditory, and tactile stimuli, which in turn organize the sensory system.

**Orthotic Management and Training**

Orthotic management and training may be considered medically necessary when the documentation specifically demonstrates that the specific knowledge, skills, and judgment of an Occupational Therapist are required to train the patient in the proper use of braces and/or splints (orthotics). Many braces or splints do not require specific training by the Occupational Therapist in their use and can be safely procured and applied by the patient. Patients with cognitive, dexterity, or other significant deficits may need specific training where other patients do not.

**Prosthetic Training**

Prosthetic training may be considered medically necessary when the professional skills of the practitioner are required to train the patient in the proper fitting and use of a prosthetic (an artificial body part, such as a limb). Periodic return visits beyond the third month may be necessary.

**Wheelchair Management Training**

This procedure is considered medically necessary only when it is part of an active treatment plan directed at a specific goal. The member must have the capacity to learn from instructions. Typically, three (3) sessions are adequate.

**Active Wound Care Management**

The CP<sup>T</sup>® 30 codebook defines active wound care procedures as those procedures "performed to remove devitalized tissue and/or necrotic tissue and promote healing" (AMA, current year). The practitioner is required to have direct one-on-one contact with the patient. Examples of active wound care management include non-selective debridement of an open wound, including topical application; use of whirlpool or other modalities; and negative pressure wound therapy. Occupational therapy state rules and regulations will dictate if occupational therapists can perform wound care.

**Precautions and Contraindications to Therapeutic Modalities and Procedures****Thermotherapy:**

The use of thermotherapy is contraindicated for the following:

- Recent or potential hemorrhage
- Thrombophlebitis
- Impaired sensation
- Impaired mentation
- Local malignant tumor
- IR irradiation of the eyes
- Infected areas

Precautions for use of thermotherapy include:

- Acute injury or inflammation
- Pregnancy
- Impaired circulation
- Poor thermal regulation
- Edema
- Cardiac insufficiency
- Metal in the area
- Over an open wound
- Large scars
- Over areas where topical counterirritants have recently been applied
- Demyelinated nerve

**Cryotherapy:**

The use of cryotherapy is contraindicated for the following:

- Cold hypersensitivity
- Cold intolerance
- Cryoglobulinemia
- Paroxysmal cold hemoglobinuria
- Raynaud disease or phenomenon
- Over regenerating peripheral nerves
- Over an area with circulatory compromise or peripheral vascular disease

Precautions for cryotherapy include:

- Over the superficial branch of a nerve
- Neuropathy
- Over an open wound

- Hypertension
- Poor sensation or mentation

**Hydrotherapy:**

The use of immersion hydrotherapy is contraindicated for the following:

- Cardiac instability
- Confusion or impaired cognition
- Maceration around a wound
- Bleeding
- Infection in the area to be immersed
- Bowel incontinence
- Severe epilepsy
- Patient with suicidal ideation
- Impaired mentation

Precautions for full body immersion in hot or very warm water include:

- Pregnancy
- Multiple sclerosis
- Poor thermal regulation

**Mechanical Traction:**

Contraindications for mechanical traction include:

- Where motion is contraindicated
- Acute injury or inflammation
- Joint hypermobility or instability
- Peripheralization of symptoms with traction
- Uncontrolled hypertension
- Congenital spinal deformity
- Fractures
- Impaired mentation

Precautions for mechanical traction include:

- Structural diseases or conditions affecting the tissues in the area to be treated (e.g., tumor, infection, osteoporosis, RA, prolonged systemic steroid use, local radiation therapy)
- When pressure of the belts may be hazardous (e.g., with pregnancy, hiatal hernia, vascular compromise, osteoporosis)
- Cardiovascular disease
- Displaced annular fragment
- Medial disc protrusion
- Cord compression
- When severe pain fully resolves with traction
- Claustrophobia or other psychological aversion to traction
- Inability to tolerate prone or supine position
- Disorientation

Additional precautions for cervical traction:

- TMJ problems
- Dentures

**Shortwave Diathermy:**

The use of thermal shortwave diathermy (SWD) is contraindicated for the following

- Any metal in the treatment area or on/in the body.
- Malignancy
- Eyes
- Testes
- Growing epiphyses
- Recent or potential hemorrhage
- Thrombophlebitis

Contraindications for all forms of SWD:

- Implanted or transcutaneous neural stimulators including cardiac pacemakers
- Pregnancy
- Impaired sensation
- Impaired mentation
- Infected areas

Precautions for all forms of SWD:

- Near electronic or magnetic equipment
- Obesity
- Copper-bearing intrauterine contraceptive devices

**Electrical currents:**

Contraindications for use of electrical currents:

- Demand pacemakers, implantable defibrillator, or unstable arrhythmia
- Placement of electrodes over carotid sinus and heart
- Areas where venous or arterial thrombosis or thrombophlebitis is present
- Pregnancy – over or around the abdomen or low back
- Infected areas

Precautions for electrical current use:

- Cardiac disease
- Impaired mentation
- Impaired sensation
- Malignant tumors
- Areas of skin irritation or open wounds

**Ultrasound:**

Contraindications to the use of ultrasound include:

- Malignant tumor
- Pregnant uterus
- Central nervous tissue
- Joint cement
- Plastic components
- Pacemaker or implantable cardiac rhythm device
- Thrombophlebitis
- Eyes
- Reproductive organs
- Impaired sensation
- Impaired mentation



- Infected areas

Precautions for ultrasound include:

- Acute inflammation
- Epiphyseal plates
- Fractures
- Breast implants

### Pediatric Patients

The use of electrical muscle stimulation, SWD, thermotherapy, cryotherapy, ultrasound, laser/light therapy, immersion hydrotherapy, and mechanical traction is contraindicated if the patient cannot provide the proper feedback necessary for safe application.

### Unproven:

In addition to the contraindications listed above, there are a wide range of services which are considered unproven, pose a significant health and safety risk, are scientifically implausible and/or are not widely supported as evidence based. Such services would be considered not medically necessary and include, but are not limited to:

- Axial/Spinal decompression
- Dry needling
- Manual muscle testing to diagnosis non-neuromusculoskeletal conditions
- Microcurrent Electrical Nerve Stimulation (MENS)
- Other unproven procedures

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## Documentation for Clinical Review

### Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Clinical findings (i.e., pertinent symptoms and duration)
  - Activity and physical and/or functional limitations
  - Reason for procedure/test/device, when applicable
  - Pertinent past procedural and surgical history
  - Past and present diagnostic testing and results
  - Prior conservative treatments, duration, and response
  - Treatment plan (i.e., plan of care)
- Other pertinent multidisciplinary notes/reports: (i.e., physical therapy, speech therapy) when applicable
- Daily progress notes, including:
  - Date of service
  - Name of each modality and/or procedure performed
  - Parameters for each modality (e.g., amperage/voltage, location of pads/electrodes)
  - Area of treatment
  - Total treatment time spent for each therapy (mandatory for times services)
  - Total treatment time for each date of service
  - Identity of the persons(s) providing the services

**Note:** At a minimum, documentation is required for every treatment day and for each therapy performed.

**Post Service (in addition to the above, please include the following):**

- Results/reports of tests performed such as:
  - Functional Outcome Measures (FOMs)
  - Outcome Assessment Tools (OATs)

## Coding

*This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.*

*The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.*

Type	Code	Description
CPT®	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
	20561	Needle insertion(s) without injection(s); 3 or more muscle
	97010	Application of a modality to 1 or more areas; hot or cold packs
	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
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)	

Type	Code	Description
	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
	97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
	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 (ie, 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 (eg, 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.
	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



Type	Code	Description
		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.
	97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
	97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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.
	97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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.
	97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. 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
	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
	97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work

Type	Code	Description
		environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
	97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
	97545	Work hardening/conditioning; initial 2 hours
	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
	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
HCPCS	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more)
	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
	G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
	G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)
	S8940	Equestrian/hippotherapy, per session
	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
	S9117	Back school, per visit
	S9129	Occupational therapy, in the home, per diem

## Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
04/01/2025	New policy.

## Definitions of Decision Determinations

**Medically Necessary:** Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

**Investigational/Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

## Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: [MedPolicy@blueshieldca.com](mailto:MedPolicy@blueshieldca.com)

*Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.*

**Appendix A**

POLICY STATEMENT	
BEFORE	AFTER <u>Blue font: Verbiage Changes/Additions</u>
<p><b>New Policy</b></p> <p><b>Policy Statement:</b> N/A</p>	<p><b>Occupational Therapy BSC8.08</b></p> <p><b>Policy Statement:</b> <b>REHABILITATIVE OCCUPATIONAL THERAPY SERVICES</b></p> <ol style="list-style-type: none"> <li>I. Rehabilitative occupational therapy (OT) services to improve, adapt, compensate, or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality are considered <b>medically necessary</b> when <b>ALL</b> of the following criteria are met:               <ol style="list-style-type: none"> <li>A. The services are delivered by a qualified practitioner of occupational therapy services (i.e., appropriately trained and licensed by the state to perform occupational therapy services)</li> <li>B. A qualified occupational therapy practitioner is necessary to safely and effectively furnish a recognized therapy service due to the complexity and sophistication of the plan of care and the medical condition of the individual</li> <li>C. The individual demonstrates a physical and/or functional impairment as demonstrated by the inability to perform basic activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or usual daily activities.</li> <li>D. The individual demonstrates signs and symptoms of physical and/or functional impairment in one or more of the following areas:                   <ol style="list-style-type: none"> <li>1. Sensory</li> <li>2. Motor</li> <li>3. Cognitive</li> <li>4. Psychological</li> <li>5. Cardiopulmonary status and circulation</li> <li>6. Skin</li> </ol> </li> <li>E. <b>ALL</b> of the following:                   <ol style="list-style-type: none"> <li>1. The individual's condition has the potential to improve or is improving in response to therapy and maximum improvement is yet to be attained</li> </ol> </li> </ol> </li> </ol>

**POLICY STATEMENT**

BEFORE	AFTER
	<p><b>Blue font: Verbiage Changes/Additions</b></p> <ol style="list-style-type: none"> <li>2. There is an expectation that the anticipated improvement is attainable in a <b>reasonable and generally predictable period of time*</b></li> <li>3. There is an expectation that therapy will result in a clinically significant level of functional improvement</li> </ol> <p>F. The individual is reasonably not expected to improve or restore function while resuming normal activities without skilled rehabilitative services</p> <p>G. The documentation shows <b>ALL</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Objectively verifies progressive functional improvement over specific time frames</li> <li>2. Clinically justifies the initiation of continuation of rehabilitative services</li> <li>3. The program is individualized</li> <li>4. Quantifiable and attainable treatment goals.</li> </ol> <p><b>*Reasonable and predictable period of time:</b> The specific time frames in which one would expect practical functional improvement is dependent on various factors including whether the services are Rehabilitative or Habilitative services. A reasonable trial of care for rehabilitative services to determine the individual's potential for improvement in or restoration of function is influenced by the diagnosis; clinical evaluation findings; stage of the condition (acute, sub-acute, chronic); severity of the condition; and patient-specific elements (age, gender, past and current medical history, family history, and any relevant psychosocial factors). Habilitative services may be prolonged and are primarily influenced by the type of ADLs or IADLs which have not developed, or which are at risk of being lost.</p> <ol style="list-style-type: none"> <li>II. An occupational therapy evaluation is considered <b>medically necessary</b> for the assessment of a physical impairment.</li> <li>III. Rehabilitative OT services are <b>not medically necessary</b> if <b>any</b> of the following is determined:       <ol style="list-style-type: none"> <li>A. Services are NOT 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.</li> </ol> </li> </ol>

**POLICY STATEMENT**

BEFORE	AFTER <span style="color: blue;">Blue font: Verbiage Changes/Additions</span>
	<ul style="list-style-type: none"> <li>B. Skilled therapy services are not required for the improvement or restoration of function as the individual gradually resumes normal activities. For example:                             <ul style="list-style-type: none"> <li>1. A individual suffers a transient and easily reversible loss or reduction in function which could reasonably be expected to improve spontaneously as the individual gradually resumes normal activities.</li> <li>2. A fully functional individual who develops temporary weakness from a brief period of bed rest following abdominal surgery</li> </ul> </li> <li>C. Therapy services that do not require the skills of a qualified practitioner of OT services. Examples include but are not limited to:                             <ul style="list-style-type: none"> <li>1. General exercises to promote overall fitness/conditioning (e.g., strength, flexibility, aerobics, or aquatic programs).</li> <li>2. Services for the purpose of enhancing athletic or sports performance</li> <li>3. Services for the purpose of returning to recreational sports after injury or surgery.</li> <li>4. Massages or whirlpools for relaxation.</li> <li>5. General public education/instruction sessions.</li> <li>6. Activities and services that an individual can practice independently and can be self-administered safely and effectively (e.g., repetitive gait activities).                                     <ul style="list-style-type: none"> <li>a. Activities that require only routine supervision and NOT the skilled services of an occupational therapy practitioner.</li> <li>b. When a home exercise program is sufficient and can be utilized to continue therapy (examples of exceptions include but would not be limited to the following: if individual has poor exercise technique that requires cueing and feedback, lack of support at home if necessary for exercise program completion, and/or cognitive impairment that doesn't allow the individual to complete the exercise program).</li> </ul> </li> </ul> </li> </ul>

POLICY STATEMENT

BEFORE

AFTER

**Blue font: Verbiage Changes/Additions**

- D. There is no expectation that the service(s) will result in a clinically significant improvement in the level of functioning within a reasonable and predictable period of time (up to 4 weeks). Examples include but are not limited to:
    - 1. If, absent supervised care, function could reasonably be expected to improve at the same / similar rate as the individual gradually resuming normal activities
    - 2. The individual's condition does not have the potential to improve or is not improving in response to therapy; or would not produce a meaningful improvement relative to the extent and duration of therapy required; and there is an expectation that further improvement is NOT attainable.
    - 3. The documentation fails to objectively verify functional progress over a reasonable period of time (up to 4 weeks).
    - 4. The individual has reached maximum therapeutic benefit.
  - E. A passive modality (such as heat, ice, or electrical stimulation) is **not** preparatory to other skilled treatment procedures
  - F. A passive modality (such as heat, ice, or electrical stimulation) is not essential to provide other skilled treatment procedures safely and effectively.
  - G. A passive modality has insufficient published evidence to support a clinically meaningful physiologic effect on the target tissue or improve the potential for a positive response to care for the condition being treated.
  - H. Reevaluations or assessments of an individual's status that are not necessary to continue a course of therapy
  - I. Reevaluations or assessments of an individual's status that are not related to a new condition or exacerbation for which the reevaluation will likely result in a change in the treatment plan.
- IV. The following treatments/programs are **not medically necessary**:
- A. Back school
  - B. Driving safety/driver training
  - C. Vocational rehabilitation programs and any program or evaluation with the primary goal of returning an individual to work

POLICY STATEMENT

BEFORE	AFTER <b>Blue font: Verbiage Changes/Additions</b>
	<p>D. Work hardening programs</p> <p>E. Health and wellness intervention</p> <p>F. Education and achievement testing, including Intelligence Quotient (IQ) testing.</p> <p>G. Educational interventions (e.g., classroom environmental manipulation, academic skills training and parental training).</p> <p>H. Services provided within the school setting and duplicated in the rehabilitation setting.</p> <p><b>MAINTENANCE OCCUPATIONAL THERAPY SERVICES</b></p> <p>V. Maintenance occupational therapy services are considered <b>medically necessary</b> when <b>any</b> of the following criteria are met:</p> <p>A. If the specialized skill, knowledge and judgment of a qualified occupational therapist are required to establish or design a maintenance program for <b>EITHER</b> of the following:</p> <ol style="list-style-type: none"> <li>1. To maintain the individual’s current condition</li> <li>2. To prevent or slow further deterioration.</li> </ol> <p>B. If skilled occupational therapy services by a qualified occupational therapist, or occupational therapist assistant under the supervision of a qualified therapist, are needed to instruct the patient or appropriate caregiver regarding the maintenance program.</p> <p>C. If skilled occupational therapy services are needed for <b>EITHER</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Periodic reevaluations</li> <li>2. Reassessments of the maintenance program.</li> </ol> <p>VI. Once a maintenance program is designed or established, a maintenance program can generally be performed by the patient alone or with the assistance of family member, caregiver or unskilled personnel. In such situations, coverage is <b>not medically necessary</b>.</p> <p>VII. The performance or delivery of the maintenance therapy program is considered <b>medically necessary</b> when the documentation establishes <b>ANY</b> of the following criteria:</p>



**POLICY STATEMENT**

BEFORE	AFTER <b>Blue font: Verbiage Changes/Additions</b>
	<p>A. The individualized assessment of a patient's clinical condition demonstrates that skilled care by an occupational therapy practitioner is necessary for the performance of an effective maintenance program.</p> <p>B. When the needed therapy are of such complexity and sophistication that the skills of a qualified occupational therapy practitioner are required to furnish the therapy procedure</p> <p>C. The particular individual's special medical complications require the skills of a qualified occupational therapy practitioner to furnish a therapy service required for <b>EITHER</b> of the following:</p> <ol style="list-style-type: none"> <li>1. To maintain the individual's current function</li> <li>2. To prevent or slow further deterioration, even if the skills of an occupational therapy practitioner are not ordinarily needed to perform such therapy procedures.</li> </ol> <p><b>HABILITATIVE OCCUPATIONAL THERAPY SERVICES</b></p> <p>VIII. Habilitative OT services are considered <b>medically necessary</b> when <b>ALL</b> the following criteria are met:</p> <p>A. The therapy is intended to maintain or develop skills needed to perform Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) which <b>EITHER</b>:</p> <ol style="list-style-type: none"> <li>1. Have not (but normally would have) developed</li> <li>2. Are at risk of being lost as a result of illness (including developmental delay), injury, loss of a body part, or congenital abnormality.</li> </ol> <p>B. The occupational therapy services are <b>BOTH</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Evidence-based</li> <li>2. Require the judgment, knowledge, and skills of a qualified practitioner of occupational therapy services due to the complexity and sophistication of the plan of care and the medical condition of the individual.</li> </ol> <p>C. There is an expectation that the therapy will <b>EITHER</b>:</p> <ol style="list-style-type: none"> <li>1. Assist development of function</li> <li>2. Maintain an acceptable level of functioning</li> </ol> <p>D. An individual would <b>EITHER</b>:</p>

POLICY STATEMENT

BEFORE	AFTER <b>Blue font: Verbiage Changes/Additions</b>
	<p>1. Not be expected to develop the function without the habilitative service</p> <p>2. Would be expected to permanently lose the function (not merely experience fluctuation in the function) without the habilitative service.</p> <p>Note: If the undeveloped or impaired function is not the result of a loss of body part or injury, a provider experienced in the evaluation and management of the undeveloped or impaired function has confirmed that the function would not either be expected to develop or would be permanently lost without the habilitative service.</p> <p>E. There is a written treatment plan documenting <b>ALL</b> of the following:</p> <ol style="list-style-type: none"> <li>1. The short and long-term goals (including estimated time when goals will be met) of treatment</li> <li>2. Frequency and duration of treatment</li> <li>3. What quantitative outcome measures will be used to assess function objectively.</li> <li>4. Objective verification that, at a minimum, functional status is maintained or developed.</li> </ol> <p>F. The services are delivered by a qualified practitioner of occupational therapy services.</p> <p><b>REDUNDANT/DUPLICATIVE REHABILITATIVE OR HABILITATIVE SERVICES</b></p> <p>IX. Redundant rehabilitative or habilitative therapy services are <b>not medically necessary</b>. This includes treatments, such as but not limited to:</p> <ol style="list-style-type: none"> <li>A. Services provided to the same body region during the same treatment session</li> <li>B. Multiple modalities procedures that have similar or overlapping physiologic effects (e.g., multiple forms of superficial or deep heating modalities).</li> <li>C. Massage therapy and myofascial release.</li> <li>D. Orthotics training and prosthetic training.</li> </ol>

POLICY STATEMENT	
BEFORE	AFTER
	<p style="text-align: center;"><b>Blue font: Verbiage Changes/Additions</b></p> <p>E. Whirlpool and Hubbard tank.</p> <p>X. Duplicative (same or similar) rehabilitative or habilitative therapy services provided as part of an authorized therapy program through another therapy discipline are <b>not medically necessary</b> and inappropriate in the provision of care for the same individual (see Policy Guidelines section for additional information).</p>