Medical Policy Reference Manual
Medical Policy

8.01.001 Physical Therapy

Original MPC Approval: 02/07/2001
Last Review Date: 12/01/2022
Last Revision Date: 09/01/2023

Description

Physical therapy (PT) is the treatment of disease or injury using therapeutic exercise and other interventions that focus on improving a person's ability to go through the functional activities of daily living. These may include improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, and alleviating pain. Treatment may include active and passive modalities using a variety of means and techniques based upon biomedical and neurophysiological principles to develop and/or restore maximum potential function, and to reduce disability following an illness, injury, or loss of a body part.

Definition of Terms:
Rehabilitative services include physical therapy, occupational therapy, and speech therapy for the treatment of individuals who have sustained an illness or injury. The goal of these services is to return the individual to their prior skill and functional level.

Habilitative services are treatments like physical therapy, occupational therapy and speech therapy to enhance a child or adult's ability to function. These services are directed towards keeping, developing, or improving skills that were never present and/or necessary for activities of daily living. The required coverage of habilitative services is determined through legislative mandates within each jurisdiction.

Maintenance therapy programs consist of activities that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no additional progress is apparent or expected to occur. Maintenance therapy includes repetitive drills and exercises, range of motion (ROM), endurance training and general conditioning.

Duplicate therapy occurs when a patient receives both physical and occupational therapy on the same date of service and the services are the same or when therapy is rendered by two providers of the same specialty and the services are the same. (**NOTE**: When a patient receives both physical therapy and occupational therapy on the same date of service and the services are DIFFERENT, this is not considered duplicate therapy. In this instance, the two therapies should provide different treatments and each therapy must have its own goals and treatment plan.)

Non-skilled therapy consists of certain types of treatment, which may be rendered by a physical therapist yet would not require the skills of a therapist. Such services include passive range of motion (ROM) not related to a specific loss of function.

Policy

Physical therapy services are considered **medically necessary** when performed to meet the functional needs of a patient who suffers from physical impairment due to disease, trauma, congenital anomalies, or prior therapeutic intervention and as outlined in the Policy Guidelines.

***NOTE** - Services covered may vary according to the member's contract. When benefits are provided under the member's contract, mandated benefits are provided for habilitative services for certain individuals with pervasive developmental disorders (Autism and Autism Spectrum Disorders). For information on these benefits, refer to Medical Policy Operating Procedure 8.01.011A - Habilitative Services (Maryland and DC Mandates), Medical Policy Operating

Procedure 3.01.011A - Autism Spectrum Disorders (Virginia Mandate), and Medical Policy 3.01.015 - Autism Spectrum Disorders (ASD).

Certain physical therapy services are considered **not medically necessary**, as they do not meet the criteria outlined in Policy Guidelines. These include but are not limited to:
- Maintenance therapy (S8990)
- Duplicate therapy
- Non-skilled therapy

The following physical therapy services are considered **experimental/investigational**:
- Computerized gait analysis is considered experimental/investigational for all indications including cerebral palsy and spina bifida as it does not meet TEC criteria # 2 – 5. (See Gait Analysis, Policy 2.01.003).
- Surface EMG (See *Surface Electromyography, Policy 2.01.031)* (S3900), as it does not meet TEC criteria # 2 - 5
- Kinesiology walking test, as it does not meet TEC criteria # 2, 3 and 4
- Multifrequency vibrometry, as it does not meet TEC criteria # 2, 3 and 4
- Myotherapy, as it does not meet TEC criteria # 2 and 4
- Electromagnetic therapy (example: Diapulse®), as it does not meet TEC criteria # 2, 4 and 5
- Iontophoresis for hyperhidrosis, as it does not meet TEC criteria # 2, 3
- Calmare® scrambler therapy (transcutaneous electrical modulation pain reprocessing [TEMPR] / scrambler therapy]) as it does not meet TEC criteria # 2-5

Policy Guidelines

Physical therapy services must meet ALL the following criteria:
- meet the functional needs of a patient who suffers from physical impairment due to disease, trauma, congenital anomalies, or prior therapeutic intervention;
- achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time;
- provide specific, effective, and reasonable treatment for the patient's diagnosis and physical condition;
- require the judgment, knowledge, and skills of a qualified provider of physical therapy services, due to the complexity and sophistication of the therapy and the physical condition of the patient; and
- be delivered by a qualified provider of physical therapy services under an established treatment plan. A qualified provider is one who is licensed to provide physical therapy in the jurisdiction in which they practice, and who performs services within the scope of their licensure.

Physician or Other Qualified Health Care Professional
The following providers are eligible for reimbursement for physical therapy services when in accordance with their scope of practice:
- Chiropractor (D.C.) (if licensed to practice P.T.)
- Dentist (D.D.S.) Physical therapy limited to the jaw and structures associated with the jaw (i.e., neck, head, and shoulders)
- Doctor of Osteopathy (D.O.)
- Licensed occupational therapist (O.T.R.)
- Licensed physical therapist (P.T., L.P.T.) (It is within the scope of practice of an LPT in the State of Maryland and the Commonwealth of Virginia to perform debridement services.)
- Medical Doctor (M.D.)
- Podiatrist (D.P.M.)—Physical therapy limited to the foot

Massage therapists, myofunctional therapists, athletic trainers, exercise technicians, rolfers, and other practitioners **are not** considered qualified providers of physical therapy service. However, rehabilitation services performed by Virginia-licensed athletic trainers that are within the individual's scope of practice, performed in the office setting, and considered covered services under the member's benefits, will be covered.

A provider licensed in physical therapy can employ a licensed physical therapy assistant (L.P.T.A.) who may provide limited physical therapy under the supervision of a physical therapist or physician. Physical therapy services **may not** be delegated to an aide, nurse, secretary, etc.

Rationale:
Physical therapy treatment consists of multiple modalities performed by licensed practitioners trained in the treatment of disorders of the muscles, bones, or joints. These services must meet certain criteria and be performed by a qualified provider in accordance with the requirements outlined by the American Physical Therapy Association and the state licensure guidelines regarding scope of practice.

Experimental/Investigational

The term "experimental/investigational" describes services or supplies that are in the developmental stage and are in the process of human or animal testing. Services or supplies that do not meet all 5 of the criteria listed below adopted by the BlueCross BlueShield Association (BCBSA) Medical Policy Services (MPS) Assessment Criteria (formerly known as the Technology Evaluation Center (TEC) are deemed to be experimental/investigational:

1. The technology* must have final approval from the appropriate U.S.[1] government regulatory bodies; and
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes; and
3. The technology must improve the net health outcome; and
4. The technology must be as beneficial as any established alternatives; and
5. The improvement must be attainable outside the investigational settings.

* Technology includes drugs, devices, processes, systems, or techniques

Footnote: [1]The BCBSA criteria indicates the technology must have final approval from the appropriate government regulatory bodies; however, CareFirst BlueCross BlueShield ("CareFirst") requires the technology receives final approval from the appropriate U.S. government regulatory body.

Rationale:

1. The technology* must have final approval from the appropriate U.S. government regulatory bodies. Physical Therapy is a treatment and is therefore not subject to FDA regulations.

Surface electromyography devices approved by the U.S. Food and Drug Administration (FDA) include the CMAP Pro (Medical Technologies), Model 9200 EMG System (Myotronics-Noromed), and the Insight Discovery (Fasstech). VibroSense I and II for multifrequency vibrometry (VibroSense Dynamics, 2021) are not distributed in the U.S. and are not approved by the FDA. The FDA has approved marketing of transcranial magnetic stimulation therapy for treatment of obsessive-compulsive disorder (OCD) (FDA, 2018). A magnetic device was approved by the FDA for guiding sentinel lymph node biopsies in certain patients with breast cancer (FDA, 2018). Hydradry for iontophoresis has received premarket notification from the FDA. In 2017 the FDA issued a Class III recall on Hidrex USA DP450, which is used for iontophoresis (FDA PMA database, 2022). Scrambler Therapy Technology (Model ST-5A) received FDA 510(k) notification in December 2020 (FDA, 2021). Gait analysis, kinesiology walking test, myotherapy are not subject to regulatory approval.

2. The scientific evidence must permit conclusions concerning the effect on health outcomes:

There is scant evidence for gait analysis consisting of an evidence-based review, a randomized control trial, a systematic review, observational studies, and a review article, and as such conclusions concerning the effect on health outcomes is not attainable. Higher quality and larger studies are needed. (MCG Health, 2021). The evidence regarding surface EMGs is inadequate to determine net health outcomes and impact for managing patients. High quality data in the form of randomized control trials is needed to provide supportive evidence that surface EMGs improve health outcomes. Electromagnetic therapy has no current clinical indications for physical therapy (MCG Health, 2021). A single center in Poland evaluated myotherapy for myofascial pain in 110 patients with and without self-reported sleep bruxism (Gałczyńska-Rusin et al, 2021). A lack of research regarding myotherapy prevents conclusions concerning the effect on health outcomes. Furthermore, for kinesiology walking test, multifrequency vibrometry, iontophoresis, and Calmare scrambler, the scientific evidence does not permit conclusions concerning the effect on health outcomes

3. The technology must improve the net health outcome:

Because of lack of research of computerized gait analysis utilizing randomized or prospective designs with long-term follow-up evaluating outcomes, the evidence is currently insufficient to permit conclusions about gait analysis on health outcomes (MCG Health, 2021). Evidence is insufficient, conflicting, or poor regarding use of iontophoresis for adhesive capsulitis, carpal tunnel syndrome, musculoskeletal pathologies, plantar fasciitis, postoperative pain, tendinopathy, and trapeziometacarpal arthritis. The evidence for scrambler therapy remains highly uncertain due to variability of evidence, a lack of long-term follow-up, and variability of patient populations (Hayes, 2020) and as such conclusions on the improvement of net health outcomes is unattainable. Furthermore, for surface EMG, kinesiology walking test, multifrequency vibrometry, and electromagnetic therapy, there is insufficient evidence that the technology improves the net health outcome.

4. The technology must be as beneficial as any established alternatives:

There is a lack of research comparing gait analysis, surface EMG, kinesiology walking test, multifrequency vibrometry, myotherapy, electromagnetic therapy, iontophoresis, and scrambler therapy to established alternatives. Therefore, it is not possible to determine whether these treatments are effective as established alternatives.

5. The improvement must be attainable outside the investigational settings:

A net health outcomes improvement for gait analysis, surface EMG, kinesiology walking test, multifrequency vibrometry, myotherapy, electromagnetic therapy, iontophoresis, and scrambler therapy has not been demonstrated in the investigational settings. Therefore, it is not possible to determine whether an improvement outside of the investigational setting can be expected.

2022 Update:
A review of the peer-reviewed literature was performed from May 2021 through September 2022. Findings in the recent literature do not change the conclusions regarding physical therapy services listed within the policy statement. Therefore, the policy statements remain unchanged.

2021 Update:
A review of the peer-reviewed literature was performed from May 2019 through May 2021. Findings in the recent literature do not change the conclusions regarding physical therapy services listed within the policy statement. Therefore, the policy statements remain unchanged.

2019 Update:
A review of the peer-reviewed literature was performed from April 2017 through April 2019. Findings in the recent literature do not change the conclusions regarding physical therapy services listed within the policy statement. Therefore, the policy statements remain unchanged.

2017 Update:
A review of the peer-reviewed literature was performed from February 2015 through March 2017. Findings in the recent literature do not change the conclusions on the physical therapy services listed in the policy statement. Preliminary studies produced positive findings for Scrambler therapy; however, larger, randomized trials are needed in order to permit conclusions regarding efficacy and health outcomes. Therefore, the policy statements are unchanged.

2015 Update:
A review of the peer-reviewed literature was performed from February 2013 through January 2015. Findings in the recent literature do not change the conclusions on physical therapy and Scramble therapy. Therefore, the policy statements are unchanged.

2013 Update:
A review of the peer-reviewed literature was performed from January 2011 through January 2013. Findings in the recent literature do not change the conclusions on physical therapy and scrambler therapy. Therefore, the policy statements are unchanged.

2011 Update:
Calmare® (scrambler) therapy: Calmare® is a novel electrical stimulation treatment methodology aimed at relieving certain types of pain. According to its manufacturer (Competitive Technologies, Inc.) a "no pain" impulse is transmitted to a nerve via surface electrodes applied to the skin in the region of the patient's pain. The device has five cables that can stimulate five different areas. The perception of pain is cancelled when the no-pain message counters that of the pain message by using the same nerve pathway (deemed "scrambler" therapy). The manufacturer claims that relief is immediate regardless of the pain intensity and that there is a durable pain reduction. The course of therapy consists of 10-12 individual daily treatment sessions, each session lasting from 30 to 45 minutes depending on the type of pain being treated.

The Competitive Technologies Scrambler Therapy MC-5A unit received a 510(k) clearance from the FDA in February 2009. The system is described as a multi-channel TENS device which allows simultaneous treatment of a number of pain sites. Its labeled indications are:

- Symptomatic relief of chronic, intractable pain, post-surgical and post-traumatic acute pain;
- Symptomatic relief of acute pain;
- Symptomatic relief of post-operative pain.

The Calmare® brochure advertises the Scrambler therapy for relief of primarily neuropathic and oncologic pain, including but not limited to post-herpetic neuralgia, failed back surgery syndrome, pudendal neuropathy, brachial plexus neuropathy, low back pain, sciatica, reflex sympathetic dystrophy (chronic regional pain syndrome), phantom limb pain, and trigeminal neuralgia, as well as intractable cancer pain. The MC-5A stimulation system is intended for use by physicians or other qualified health professionals in the clinical setting and is not marketed or promoted for home use.

Technologies focused on pain relief need to be evaluated under rigorous conditions in order to properly assess the effect on health outcomes, due to the significant placebo effect associated with painful conditions. Clinical studies

therefore should ideally involve an ample-size study group with randomization to the treatment or to a sham/placebo treatment and double-blinding of patients and observers. At this time there have been few studies published on the Scrambler therapy and those are of a pilot-level study. A large observational series was published in 2005 by Sabato, Marineo and Gatti which treated 226 patients suffering from any of several varieties of drug-resistant neuropathic pain. Using a visual analog pain scale the authors reported about 90% of these patients obtained a significant degree of pain relief. A pilot study by Smith et al (2010) reported on the response of 16 patients with cancer chemotherapy-induced peripheral neuropathy (CIPN) and concluded that the MC5A treatment appears to dramatically reduce pain from CIPN. Marineo in 2003 treated 11 patients with intractable pain from terminal cancer with Scrambler therapy and reported that all 11 patients showed a significant reduction in pain intensity. Marineo and colleagues in 2011 published a small randomized controlled trial comparing guideline-based drug treatment to Scrambler therapy in chronic neuropathic pain. In this pilot-level study the Scrambler therapy appeared to relieve pain more effectively than drug treatment. These few studies suggest the need for higher-quality clinical trials, but in themselves do not permit conclusions regarding health outcomes.

2010 Update:
A review of the peer-reviewed literature was performed from December 2008 through December 2010. There are no changes to the medically necessary physical therapy services as listed in the policy.

2008 Update
A review of the peer-reviewed literature was performed from December 2006 through November 2008. There are no changes to the medically necessary physical therapy services as listed in the policy.

Benefit Applications

Specific contracts may have limitations related to the number of physical therapy visits allowed or a dollar maximum allowed on these services.

When benefits are provided under the member's contract, benefits are provided for *active* physical therapy treatment (that which provides a positive, objective, measurable response). There must be a reasonable expectation that the services will improve function within the period of time indicated in the treatment plan, and the services must be performed by a licensed provider.

Benefits for group therapy require constant attendance of the physician or therapist.

Benefits are not provided for physical therapy services that do not require the skills of a physician or other qualified health care professional.

Benefits are not provided for:
- Treatment and/or testing that is primarily vocational, occupational, or work-related, such as work-hardening programs, work capacity studies and environmental evaluations, such as ergonomics (See *Work Hardening Programs, Policy 8.01.007A*)
- School programs, or any therapy designed to treat a learning disability
- Relaxation therapy
- Recreational therapy (example: art, music, crafts)
- Recreational activities (example: hippotherapy, golf) (See *Recreational Activity as Physical Therapy, Policy 8.01.009*)
- Athletic training evaluation, re-evaluation

Diagnostic Testing
Various diagnostic tests and measurements may be performed prior to the development of the treatment plan and before initiation of therapy, among these are physical performance tests.

Physical Performance Tests
Benefits are provided for the physical performance test/measurement, up to a frequency of 2, including the test to measure musculoskeletal function capacity (example: Cybex® testing). Additional benefits are not provided for manual muscle testing and range of motion measurements, as this testing is considered *incidental* to, an *integral part* of, or *included* in the medical office visit or PT evaluation/re-evaluation code.

Nerve Conduction Studies
Benefits are provided for nerve conduction studies and needle EMG's.

NOTE: Nerve conduction studies should be reported only once when multiple sites on the same nerve are stimulated and recorded.

NOTE: Benefits **are not** provided for nerve conduction studies performed using surface electrodes (surface EMG) See Policy section above, services considered experimental/investigational. (See also, *Surface Electromyography (EMG), Policy 2.01.031.)*

Evaluations and Re-evaluations
Benefits are provided for an initial evaluation, which is usually performed before beginning a treatment program. Benefits are provided for the re-evaluation of the effects of physical therapy at 30-day intervals.

Therapists and/or Physicians: There may be special circumstances that require evaluation/re-evaluation for physical therapy within the 30-day period (for example, the patient presents with a new diagnosis or the patient's condition substantially changes). Benefits will be considered for these special circumstances when the patient's condition requires a significant, separately identifiable evaluation/re-evaluation which should be reported using Physical Medicine and Rehabilitation evaluation/re-evaluation codes.

Physicians (office setting): If a patient is being seen for physical therapy, and the patient needs to be seen for treatment of an unrelated medical condition (example: hypertension, asthma) during the 30-day therapy period, then a medical benefit is available, and the appropriate Evaluation and Management (E&M) code must be billed. In this case the patient's medical record must indicate the name of the treating provider and that the visit was for treatment of a medical condition rather than to evaluate the effects of physical therapy. If requested for review, the documentation must demonstrate that, for the billed code, all criteria (i.e., history, examination, and decision-making) as outlined have been met.

Related Physical Therapy Services
Additional benefits are not provided for the following treatments, as they are considered to be an integral part of overall physical therapy care or treatment programs, regardless of whether the services are provided alone or in conjunction with other physical therapy modalities:
- Application of a modality to one or more areas; hot or cold packs
- Application of a modality to one or more areas; infrared
- Application of a modality to one or more areas; contrast baths, each 15 minutes

NOTE: For FEP business, check the member's contract for benefits.

Provider Guidelines
Depending on the member's contract, the submission of a treatment plan and/or preauthorization may be required.

If requested by the Plan, a provider must make available the following documentation:
- a brief medical history
- a written evaluation of the patient's functional status
- a plan of treatment outlining:
  - diagnosis
  - short- and long-term goals
  - type of procedures to be performed
  - frequency of visits per week
  - estimated duration of therapy
  - date of last certification by referring physician
- progress notes documenting improvement and/or outlining any changes in the plan of treatment

Effective 01/01/2018: Habilitative Services should be reported using the appropriate Category I CPT® code appended with the CPT modifier 96 (habilitative services).

Cross References to Related Policies and Procedures
1.01.010	Transcutaneous Electrical Nerve Stimulators (TENS), Policy
2.01.003	Gait Analysis, Policy
2.01.031	Surface Electromyography, Policy
3.01.006	Archived Pervasive Developmental Disorders (e.g., Autism), Policy
3.01.011A	Autism Spectrum Disorders (Virginia Mandate), Procedure

3.01.015	Autism Spectrum Disorders (ASD), Policy
8.01.003	Spinal Manipulation and Related Services, Policy
8.01.004	Occupational Therapy, Policy
8.01.005	Speech Therapy, Policy
8.01.007A	Work Hardening Programs, Policy
8.01.008	Archived Back School, Policy
8.01.009	Recreational Activity as Physical Therapy, Policy
8.01.011A	Habilitative Services (MD and DC Mandates), Procedure
8.01.013A	Vertebral Axial Decompression, Procedure
8.01.014	Lymphedema Therapy (Complex Decongestive Therapy) Policy
8.01.015	Monochromatic Infrared Energy (MIRE) Therapy, Policy
8.01.017	Low Level Laser Therapy for Musculoskeletal and Neuromuscular Conditions, Policy
10.01.013A	Medical Record Documentation Standards, Procedure

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

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