Physical and occupational therapy – rehabilitative

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retroactive denial may result if criteria are not met.

- Athletic Trainer (AT) visits count towards Physical Therapy (PT) limits.
- Occupational Therapy (OT) visits count towards Physical Therapy (PT) limits unless modifier ‘GO’ is used when billing.

Coverage

The treating Occupational Therapist (OT) or Athletic Trainer (AT) must obtain orders from practitioners licensed in medicine, osteopathy, chiropractic, podiatry, advanced practice registered nursing, or dentistry, or a physician assistant according to their professional practice standards and applicable state laws. Physical therapy (PT), OT and AT visits are covered subject to the indications listed below and per your plan documents.

Coverage for rehabilitative physical and/or occupational therapy is subject to the indications below and any limits from your member contract.

Indications that are covered

To be eligible for physical therapy (PT) or occupational therapy (OT) services for rehabilitation, the following criteria must be met:

1. Rehabilitative therapy is required to address loss of function due to illness and/or injury as identified in the evaluation.
2. PT/OT evaluations to determine need for therapy which includes the following:
   A. Evaluation of progress to date and assessment of:
      i. Ability to learn further task oriented therapeutic activities designed to significantly improve, develop or restore physical or sensory functions lost or impaired as a result of a disease or injury; or
      ii. Ability to learn or relearn daily living skills or compensatory techniques to improve the level of independence in the activities of daily living (ADLs).
      iii. Whether the treatment is resulting in progressive improvement as documented by:
          a) Decreased distribution, frequency or intensity of symptoms;
          b) Objective clinical findings are progressively improving, as evidenced by resolution or objectively measured improvement in physical signs of injury and less restrictive limitations on activity.
   B. Measurable goals for continued therapy.

Indications that are not covered

1. Group therapy
2. Educational therapy
3. Therapy to improve social skills
4. Therapy when measurable functional improvement is not expected or progress has reached a plateau
5. Vocational and community reintegration services
6. Maintenance therapy
7. Recreational or vocational therapy including therapy for instrumental activities of daily living (IADLs)
8. Custodial services
9. Services not designed to improve or maintain the functional or sensory status of a member with a physical impairment
10. Passive therapies as stand-alone treatments
11. Open swimming / exercise programs
12. Whirlpool therapy that is not part of a physical therapy (PT) or occupational therapy (OT) regimen/program for treatment of a medical condition
13. PT/OT/athletic trainer (AT) care not performed or supervised by a licensed PT or OT or medical practitioner, per licensure requirements
14. Equine or hippotherapy (horse riding therapy)
15. Massage therapy if provided by a massage therapist or any provider other than a PT, OT, AT or chiropractor.
16. Intensive PT or OT related to TheraSuit use. The TheraSuit is considered experimental/ investigative, therefore therapies utilizing the suit are not covered.

Codes
If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

The services associated with these codes do not require prior authorization:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95851</td>
<td>Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)</td>
</tr>
<tr>
<td>95852</td>
<td>Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side</td>
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<tr>
<td>97012</td>
<td>Application of a modality to 1 or more areas; traction, mechanical</td>
</tr>
<tr>
<td>97014</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (unattended)</td>
</tr>
<tr>
<td>97016</td>
<td>Application of a modality to 1 or more areas; vasopneumatic devices</td>
</tr>
<tr>
<td>97018</td>
<td>Application of a modality to 1 or more areas; paraffin bath</td>
</tr>
<tr>
<td>97022</td>
<td>Application of a modality to 1 or more areas; whirlpool</td>
</tr>
<tr>
<td>97024</td>
<td>Application of a modality to 1 or more areas; diathermy (e.g., microwave)</td>
</tr>
<tr>
<td>97026</td>
<td>Application of a modality to 1 or more areas; infrared</td>
</tr>
<tr>
<td>97028</td>
<td>Application of a modality to 1 or more areas; ultraviolet</td>
</tr>
<tr>
<td>97032</td>
<td>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</td>
</tr>
<tr>
<td>97033</td>
<td>Application of a modality to 1 or more areas; iontophoresis, each 15 minutes</td>
</tr>
<tr>
<td>97034</td>
<td>Application of a modality to 1 or more areas; contrast baths, each 15 minutes</td>
</tr>
<tr>
<td>97035</td>
<td>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</td>
</tr>
<tr>
<td>97036</td>
<td>Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes</td>
</tr>
<tr>
<td>97039</td>
<td>Unlisted modality (specify type and time if constant attendance)</td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
</tr>
<tr>
<td>97112</td>
<td>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</td>
</tr>
<tr>
<td>97113</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises</td>
</tr>
<tr>
<td>97116</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</td>
</tr>
<tr>
<td>97124</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</td>
</tr>
<tr>
<td>97139</td>
<td>Unlisted therapeutic procedure (specify)</td>
</tr>
<tr>
<td>97140</td>
<td>Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</td>
</tr>
<tr>
<td>97161</td>
<td>Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.</td>
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</tbody>
</table>
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Required Components</th>
<th>Time Spent</th>
</tr>
</thead>
</table>
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; And Clinical decision making of low 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. | - A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care.  
- An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions.  
- A clinical presentation with unstable and unpredictable characteristics.  
- Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. | 45 minutes |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; And Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | - An examination including a review of history and use of standardized tests and measures is required.  
- Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. | 20 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. | - An occupational profile and medical and therapy history.  
- 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.  
- 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. | 30 minutes |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; And Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family. | - An occupational profile and medical and therapy history.  
- An expanded review of medical and/or therapy records.  
- An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions.  
- 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. | 45 minutes |
| 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. | - An occupational profile and medical and therapy history.  
- An 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.  
- 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. | 60 minutes |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; And A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family. | - An assessment of changes in patient functional or medical status with revised plan of care.  
- An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals.  
- 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. | 30 minutes |
| 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. | - A history and physical activity profile.  
- 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.  
- Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. | 15 minutes |
| 97170 | Athletic training evaluation, moderate complexity, requiring these components: A medical history... | - A medical history related to the patient and/or family.  
- Other components related to athletic training evaluation. | 30 minutes |
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 by the provider (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 by provider, each 15 minutes

97542 Wheelchair management (e.g., assessment, fitting, training), each 15 minutes

97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with
written report, each 15 minutes

97760 Orthotic(s) management and training (including assessment and fitting when not otherwise
reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes

97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes

97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies),
and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

97799 Unlisted physical medicine/rehabilitation service or procedure

The services associated with these codes are not covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97545</td>
<td>Work hardening</td>
</tr>
<tr>
<td>97546</td>
<td>Work hardening — additional hour</td>
</tr>
<tr>
<td>S9451</td>
<td>Exercise classes, nonphysician provider, per session</td>
</tr>
</tbody>
</table>

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Definitions

Active therapies – require active patient participation. Examples include movement-based activities, including
stretching and range of motion exercises; specific strengthening exercises; and pain relief exercises.

Activities of daily living (ADLs) – everyday activities such as eating, bathing, dressing, toileting, transferring,
continence, dressing, personal hygiene and mobility necessary to achieve these activities.

Athletic Trainers (ATs) – health care professionals who collaborate with physicians to provide preventive services,
emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.
(NATA National Athletic Trainers’ Association)

Custodial care – supportive services focusing on activities of daily life that do not require the skills of qualified
technical or professional personnel, including but not limited to, bathing, dressing, and feeding.

Functional skills – essential activities of daily life common to all members such as dressing, feeding, ambulation,
transfers and fine motor skills. Measurable progress emphasizes mastery of functional skills and independence in the
context of the member’s potential ability as specified within a care plan or treatment goals.

Instrumental activities of daily living (IADLs) – activities related to independent living, such as cleaning, using a
telephone, shopping, laundry, managing medications, transportation and managing money.

**Maintenance care** – non-rehabilitative care and supportive services, including skilled or non-skilled nursing care for a member whose condition has not significantly improved or deteriorated over a measurable period of time (generally a period of two months from establishing a functional goal).

**Occupational therapy (OT)** – Therapy to help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations) performed by occupational therapists and occupational therapy assistants. (AOTA American Occupational Therapy Association)

**Passive therapies** – are performed by the provider and do not require active patient participation. Examples include mobilization and manipulation, manual lymphatic drainage, manual traction, myofascial release, massage, heat/ice packs, electrical stimulation (including use of transcutaneous electrical nerve stimulator [TENS] units), and cupping.

**Physical therapy (PT)** – the examination, treatment, and instruction of persons in order to detect, assess, prevent, correct, alleviate, and limit physical disability and bodily malfunction performed by a licensed physical therapist or physical therapy assistant. (APTA-American Physical therapy Association)

**Rehabilitative therapy** – Therapy provided by a PT, OT or AT as a restorative service, provided for the purpose of obtaining significant functional improvement, within a predictable period of time, (generally within a period of two months) toward a patient’s maximum potential ability to perform functional daily living activities.

**Vocational** – therapy related to performing or enhancing one’s occupation or work

**Products**

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.


**References**