

## Habilitative therapies

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 for habilitative physical, occupational, or speech therapy.

Prior authorization is not required for oral function therapy (92526).

### Coverage

Habilitative therapy, as defined in this policy, is generally covered subject to the indications below and per your plan documents.

Habilitative therapy services are covered only when provided in a clinic, office or outpatient setting, unless the member is homebound (see definition below). Coverage of home health rehabilitative therapy services is outside the scope of this policy. See Home Health Service policy for criteria.

For services that are only covered in the context of a child diagnosed with autism, the member's autism diagnosis and treatment recommendations must be made by a psychiatrist, psychologist or developmental pediatrician who has training and expertise in autism spectrum disorder and child development.

Many plans have benefit limitations that affect therapy coverage. These may include limiting therapy to a maximum allowable number of visits per calendar or plan year. When a limitation is present and the maximum allowable benefit is exhausted, services will no longer be covered even if the medical necessity criteria described below are met. Please see your plan documents for your specific coverage information.

### Indications that are covered

1. Members participating in habilitative therapy must have a clinical evaluation which includes results of current age-appropriate standardized testing.
  - A. To qualify for habilitative physical therapy (PT) or occupational therapy (OT) coverage, scores must be:
    - i. At or below the 10th percentile or 1.5 standard deviations or greater below the norm for the member's age in activities of daily living (ADL) or functional motor skills. If testing resulting in standard deviation or percentile ranking cannot be completed due to the member's condition, a clinical evaluation including age equivalency scores that show at least a 25% delay based upon the age of the member in months will be accepted to meet this criterion. Or
    - ii. 2.0 standard deviations or greater from the mean in sensory processing skills for coverage of sensory integration therapy.
  - B. To qualify for habilitative speech therapy (ST) coverage, scores must be:
    - i. At or below the 10th percentile or 1.5 standard deviations or greater below the norm for the member's age in articulation or language skills (expressive or receptive). If testing resulting in standard deviation or percentile ranking cannot be completed due to the member's condition, a clinical evaluation including age equivalency scores that show at least a 25% delay based upon the age of the member in months will be accepted to meet this criterion. Or
    - ii. For dysfluency (stuttering), member must display stuttering like dysfluencies (SLD) greater than or equal to 10/100 (10%); or secondary physical manifestations such as clenching jaw, blinking, expelling breath; or Stuttering Severity Index (SSI) of Moderate.
2. For all habilitative therapy services, a treatment plan is required that documents
  - A. diagnosis, type of treatment intervention to be performed, and anticipated frequency and duration of services, and
  - B. long and short-term treatment goals with projected time frame for achievement, and
  - C. clear criteria for discharge from therapy.
3. For all habilitative therapy services, treatment goals and objectives must be specific, measurable, and promote achievement of milestones that are related to the member's deficits/ areas of delay identified in the standardized testing.

4. To be eligible for ongoing habilitative therapy services:
  - A. Members must continue to demonstrate a significant delay in functional skills as noted in criterion #1. New standardized testing may be requested if results of previous testing are incomplete or deemed to be outdated; and
  - B. An updated treatment plan is required that documents
    - i. measurable functional improvement toward goals,
    - ii. the medical necessity for any change in frequency,
    - iii. a plan for transition to a home program and discharge.
5. When habilitative therapy is requested to be performed in the member's home
  - A. The applicable criteria above must be met; and
  - B. Member must be homebound (see definition below).

### Indications that are not covered

1. Therapy is not covered in any of the following circumstances:
  - A. Ongoing therapy is primarily custodial or maintenance in nature
  - B. Therapy that does not require the skills of a licensed physical therapist (PT) or a licensed occupational therapist (OT)
  - C. Member is unable to tolerate or participate in therapy due to a medical, psychological, or other condition; or
  - D. Documentation indicates member is unable to participate in therapy goals; or
  - E. Measurable progress is no longer being made to justify further therapy; or
  - F. Member has met the treatment plan goals.
2. Increased frequency of visits is not covered unless the treatment plan provides documentation of a change in the member's medical condition or functional status.
3. Group therapy, except when used in the context of a child diagnosed with autism
4. Educational therapy (for example, including but not limited to therapy for reading, spelling, or written language disorders)
5. Accent/dialect reduction
6. Community reintegration services
7. Instrumental activities of daily living (IADL) training
8. Therapy to improve attention, memory, problem solving, organizational skills and time management
9. Therapy to improve speech for a second language
10. Integration of primitive reflexes as standalone treatment
11. Services that duplicate services that are provided as part of a member's individual educational plan (IEP) or individual service plan (ISP)
12. Modalities that are considered experimental/ investigational, because reliable evidence does not permit conclusions concerning safety, effectiveness, or effect on health outcomes, including, but not limited to:
  - A. Equine or hippotherapy (horse riding therapy)
  - B. Metronome therapy
  - C. Aquatic (pool) therapy for treatment of speech disorders in children

### Definitions

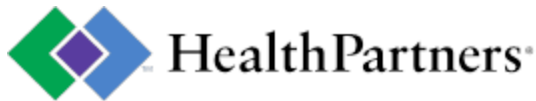
**Activities of daily living (ADLs)** - include everyday activities such as eating, bathing, dressing, toileting, transferring, continence, personal hygiene and mobility necessary to achieve these activities.

**Apraxia of speech** refers to impairment in the ability to program the speech musculature to select, plan, organize, and initiate a motor pattern.

**Central Auditory Processing Disorder** refers to difficulty processing and remembering a variety of language related tasks.

**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.

**Early Intervention Program** is a government-subsidized public program designed to serve children with special needs and/or developmental delays from the time the problem is identified until the third birthday. Among other professionals, assessment teams will almost always include speech-language pathologists (SLPs) and occupational therapists who can develop appropriate intervention plans without a categorical diagnosis.



**Educational therapy** refers to skills that are typically taught in a school or educational setting.

**Expressive language** refers to the ability to produce or use language.

**Functional skills** - essential activities of daily life (ADLs) common to all members such as communication, 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.

Measurable functional improvement for habilitative therapy will be assessed by comparison of the progress towards goals as documented in current progress reports. The determination of whether measurable progress is being made is at the sole discretion of the medical director and his or her designee and is made on a case by case basis. In cases where progress is questioned, the medical director and his or her designee will consult with the treating therapist, and/or a physical or occupational therapist or speech therapist consultant when making the coverage determination.

**Gestural communication** refers to the ability to communicate nonverbally (e.g., by pointing, nodding or shaking the head, using and interpreting facial expressions, and using and coordinating eye contact).

**Habilitative occupational therapy (OT) or physical therapy (PT)** - care rendered by a licensed physical or occupational therapist for conditions which have significantly limited the successful initiation of normal sensory or motor development. To be considered habilitative, measurable functional improvement and measurable progress must be made toward achieving functional goals (ADLs), within a predictable period of time toward a member's maximum potential.

**Habilitative speech therapy** - care rendered by a licensed speech language pathologist for conditions which have significantly limited the successful initiation of normal speech development. To be considered habilitative, measurable functional improvement and measurable progress must be made toward achieving functional goals, within a predictable period of time toward a member's maximum potential.

**Homebound** - Homebound describes a member who is unable to leave home without considerable effort due to a medical condition. For example, a member is considered to be homebound when the member, due to his/her medical condition, is physically unable to go to work, school or daycare; or is unable to go grocery shopping, run errands or attend outpatient appointments. This may include medically fragile/ medically complex members who are at heightened risk of contracting infectious illness due to increased exposure outside the home. Members with conditions supporting homebound status may include those who are dependent on medical equipment such as mechanical ventilation, dialysis machines or enteral nutritional support. A member's inability to drive, or lack of transportation, does not meet the qualifications for homebound status.

**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 has deteriorated over a measurable period of time (generally a period of time of two months from establishing a functional goal).

**Phonological disorder** refers to a type of speech articulation disorder including not using speech sounds expected for age group, or patterns of error of sound use.

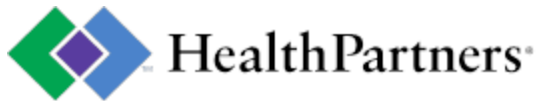
**Receptive language** refers to the ability to understand language.

**Recreational therapy** - The prescribed use of recreational activities as treatment interventions to improve functional living competence.

**Sensory integration disorder or sensory processing disorder** - thought to be a neural system disorder that causes the sensory system to receive incoming information via the senses in a disorganized manner. Sensory integration therapy (SIT) is often used with children diagnosed with autism or other pervasive developmental disorder when the disorder is so severe that the patient is not able to take part in the other goals of the habilitative occupational, physical, or speech therapy program.

**Speech** refers to the ability to produce vocal sounds.

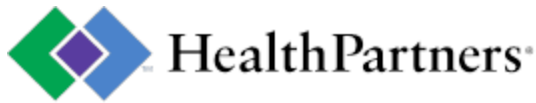
## Codes



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.

Codes	Description
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
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
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, 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

Codes	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring
S9152	Speech therapy, re-evaluation

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## 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 800-233-9645.

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