

MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.200.MH
REVISION DATE: 02/15
ANNUAL APPROVAL DATE: 02/15
PAGE NUMBER: 1 of 11

SUBJECT: Home Physical Therapy
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2014

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This policy applies to the following MedStar Health lines of business:
(Check those that apply.)

COMMERCIAL	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO	<input type="checkbox"/> MA PPO	<input type="checkbox"/> MA C-SNP	<input type="checkbox"/> MA D-SNP	<input checked="" type="checkbox"/> MA All	
	<input type="checkbox"/> Medicaid					
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO					

I. POLICY

It is the policy of MedStar Health, to cover home physical therapy when it is medically necessary (Refer to CRM .015. Inc. MH-Medical Necessity policy) as described in this policy and covered under the member's specific benefit plan.

Home Physical Therapy is ordered by a Physician when the member is determined to be home bound. Prescribed services are under a plan of care that is established and periodically reviewed by a physician.

~~Home Physical Therapy will require a prior authorization starting with the INITIAL VISIT based on Medical necessity as outlined below.~~

II. DEFINITIONS

Non-Physician Practitioner (NPP) - For purpose of this policy, an NPP may perform the face-to-face encounter and inform the certifying physician regarding the clinical findings as long as the physician documents the encounter and signs the certification. A NPP may be:

- A nurse practitioner or clinical nurse specialist working in collaboration with the certifying physician in accordance with State law, or
- A physician assistant under the supervision of the certifying physician

III. PURPOSE

The purpose of this policy is to define the appropriate indications for home physical therapy.

IV. SCOPE

This policy applies to various MedStar Health, Inc. departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Physical medicine and rehabilitative services which include physical therapy are designed to improve, restore, and/or compensate for loss of physical functioning following disease, injury, or loss of a body part. Impairments, functional limitations, and disabilities of the individual patient are identified. A tailored plan of care with specific interventions is designed and implemented with anticipated goals and expected outcomes. It is reassessed and readjusted if needed to address changes in a patient's condition.

B. Indications

In order for Home Physical Therapy to be considered for coverage, the member must meet either of the following criteria for **HOMEBOUND** status:

- a) Have a condition due to an illness or injury that restricts their ability to leave their place of residence except with the aid of: supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person
Or
- b) If leaving home is medically contraindicated

NOTE: Any of the following may apply regarding homebound status:

- Condition of the individual should be such that there is a normal inability to leave home (does not have to be bedridden to be considered confined to the home).
- Home absences are attributable to need to receive health care treatment.
- Home absences are infrequent and for periods relatively short in duration (e.g., an occasional trip to the barber, a drive or walk around the block, attendance at a family reunion, funeral, graduation, or other unique event).
- The aged person who does not often travel from home because of feebleness and insecurity brought on by advanced age would **NOT** be considered confined to the home for purposes of receiving home health services unless they meet one of the above conditions.

When a member is established as being home bound - Home Physical Therapy is indicated based on Medical Necessity and documentation requires the following:

- Home physical therapy must be ordered/certified by a Physician.

POLICY NUMBER: [PAY.200MP.068.MH](#)

REVISION DATE: [02/15/14](#)

ANNUAL APPROVAL DATE: [02/15/14](#)

PAGE NUMBER: 3 of 11

- Documentation of a Face to Face visit by the physician or non-physician practitioner (NPP) must include the date of the visit and a narrative describing how the member's clinical condition at the encounter supports homebound status and need for skilled therapy.
- Documentation of the Face to Face visit must be kept on file by the therapy provider and is subject to regulatory audit.
- This Face to Face visit/initial encounter must occur no more than 90 days prior to the therapy start of care date or within 30 days after the start of care.
- If a new condition develops or the existing condition changes to the extent that standards of practice would indicate the physician or NPP reassess/examine the patient to establish an effective treatment plan requiring different home health services after the Face to Face visit/initial encounter, the patient must be seen again either by the physician or the NPP within the 90 days prior to the start of care requiring different home health services.
- In lieu of the attending physician, the physician who attended to the patient in an acute or post-acute setting may certify the need for home health care, establish a plan of care, and sign it based on their contact with the patient. The care of the patient would then be transferred to a designated community based physician who assumes care.
- The certifying physician must document the encounter either on the certification or an addendum which must be signed and dated.
- Verbal communication to the home health agency is not acceptable.

Where more than one (1) discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the ordered therapy service.

C. Limitations/Exclusions

1. The following are not medically necessary and therefore not covered:
 - Services that are solely palliative in nature.
 - Services such as general exercises promoting overall fitness and flexibility, or activities promoting diversion or general motivation.
 - Visits made by skilled physical therapists to a member's home solely to train other HHA staff (e.g., home health aides) are not covered as visits since the HHA is responsible for ensuring that its staff is properly trained to perform any service it furnishes. The cost of a skilled therapist's visit for the purpose of training HHA staff is an administrative cost to the agency.
 - Heat treatments and paraffin or whirlpool baths ordinarily do not require the skills of a qualified physical therapist and are not covered unless need for qualified physical therapist is documented.
 - Services that can be safely and effectively furnished by non-skilled personnel without the supervision of qualified professionals are not rehabilitative therapy services.
 - If at any point in the treatment of an illness it is determined that the treatment is not rehabilitative, or does not legitimately require the services of a qualified professional

for management of a maintenance program, the services will no longer be considered reasonable and necessary.

2. The following are exclusions which are not covered as home physical therapy services:
- Acupuncture
 - Assessments for non-covered items (e.g. durable medical equipment [DME] products)
 - Biofeedback therapy/training in the home setting
 - Constraint Induced Movement Therapy (CIMT)
 - Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) member contact by the provider
 - Driving assessments
 - Electrical stimulation (unattended), for wound care
 - Evaluation by a therapist for a non-covered service
Example: pre-surgical evaluations for the purpose of teaching and giving assistive device instruction prior to a scheduled surgical procedure are not covered. This may include but not limited to crutch-walking, donning/doffing of post-surgical immobilizers and/or splints, and performing strengthening exercises
 - Group therapy in the home health setting
 - Loop reflex training
 - 'Metronome' therapy
 - Pelvic Floor Dysfunction*exercises (ultrasound, electrical stimulation, soft tissue mobilization, and therapeutic exercise)
* Pelvic floor dysfunction is a global term which may include, but not limited to the following conditions:
 - Cystourethrocele
 - Dyspareunia
 - Enterocele
 - Fecal incontinence
 - Hypersensitive clitoris
 - Pelvic floor relaxation disorders
 - Pelvic floor congestion
 - Pelvic floor pain not of spinal origin
 - Prostatitis
 - Rectocele
 - Vulvodynia
 - Routine screening, assessments and routine re-assessments
 - Scar massage
 - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
 - Supervision of a previously taught exercise or exercise program, members performing an exercise independently without direct contact by the provider, use of different exercise equipment without requiring the intervention/skills of the therapist

- Temporomandibular Joint (TMJ) pain
 - Work hardening/conditioning, initial 2 hours
3. Other reasons for physical therapy (PT) services to not be covered:
- When the documentation fails to support, the functional ability or medical condition was impaired to the degree that required the skills of a therapist
 - Visits on a daily basis throughout discharge home health services. Visit frequency would decrease as the patient's condition improves.
 - Services that are duplicative of other concurrent rehabilitative services
 - Services that are provided to identify members that may/may not need PT intervention
 - When the member suffers a temporary loss or reduction of function and could reasonably be expected to improve over- time without the services of the physical therapist.
 - To enhance already evident/existing functional status
 - When the documentation indicates that a member has attained the therapy goals or has reached the point where no further significant practical improvement can be expected
 - Continued visits to exclusively teach the home exercise program (HEP) in the absence of documentation supporting ongoing education throughout the member's entire course of treatment

D. Information Required for Review

~~In order to determine medical necessity, adequate information must be furnished.~~

~~Necessary documentation includes the following items when applicable to the indication:~~

- ~~1. Physician's order for PT~~
- ~~2. Physical therapist clinical evaluation~~
- ~~3. Treatment plan/updates for continued Authorization which include:~~
 - ~~• Diagnosis~~
 - ~~• Description of baseline functional level~~
 - ~~• Examination findings~~
 - ~~• The specific type of procedures planned~~
 - ~~• The specific area that will be treated~~
 - ~~• Functional limitations/impairment characteristics~~
 - ~~• Specific treatment goals with estimates of when they will be met~~
 - ~~• Frequency of proposed treatment encounters~~
 - ~~• Updates for continued Authorization must include functional status at the time of update compared to status at previous authorization.~~

E. Review Process

- ~~1. The Medical Management Ancillary Service staff reviews the request. If the case does not meet the established criteria, it is referred to a MedStar Health, Inc.~~

~~Medical Director (Medical Director).~~

- ~~2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.~~
- ~~3. The Medical Management Ancillary Service staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.~~

F. D. Variations

N/A

E. Quality Audit

Quality Audit monitors policy compliance and/or billing accuracy at the request of Premier MedStar Health's ~~Plan's~~ Technology Assessment Committee or the Benefits Reimbursement Committee.

G. F. Records Retention

Records Retention documents, regardless of medium, are provided within the MedStar Health, Inc. Division Policy and Procedure for Records Retention.

Codes

H. G. Codes

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. 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.

Applicable CPT/HCPCS Coding for Home PT Evaluation/ Service

<u>Code:</u>	<u>Description:</u>
97001	Physical Therapy Evaluation (No Prior Authorization Required in Home Setting)
97002	Physical Therapy Re-evaluation

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- G0159 Services performed by a qualified Physical Therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
- G0151 Services performed by a qualified Physical Therapist in the home health or hospice setting, each 15 minutes
- G0157 Services performed by a qualified Physical Therapist Assistant in the home health or hospice setting, each 15 minutes

Applicable CPT/HCPCS Coding for Home PT Adjuvative Procedures
(Included with Home PT Service)

<u>Code:</u>	<u>Description:</u>
97010	Application of a modality to 1 or more areas; hot or cold packs
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
97024	Application of a modality to 1 or more areas; diathermy (eg, 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; electronic 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
- 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/or standing activities
- 97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes climbing stairs)
- 97124 Therapeutic procedure, 1 or more areas, each 15 minutes, massage, including effleurage, petrissage, and/or tapoment (stroking, compression, percussion)
- 97140 Manual therapy techniques (eg mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
- 97150 Therapeutic procedures 2 or more individuals
- 97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
- 97542 Wheelchair management (eg assessment, fitting, training), each 15 minutes
- 97750 Physical performance test or measurement (eg. musculoskeletal, functional capacity), with written report, each 15 minutes
- 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremitie(s), lower extremitie(s), and/or trunk, each 15 minutes

97761	Prosthetic training upper and/or lower extremity(s), each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
64550	Application of surface (transcutaneous) neurostimulator
G0283	Electronic stimulation (unattended) to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
G8990	Other physical or occupational therapy primary functional limitation, current status, at therapy episode outset and at reporting intervals
G8991	Other physical or occupational therapy primary functional limitation, projected goal status, at therapy , episode outset, at reporting intervals, and at discharge or to end reporting
G8992	Other physical or occupational therapy primary functional limitation, discharge status, at discharge from therapy or to end reporting
G8993	Other physical or occupational therapy subsequent functional limitation, current status, at therapy episode outset and at reporting intervals
G8994	Other physical or occupational therapy subsequent functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
G8995	Other physical or occupational therapy subsequent functional limitation, discharge status, at discharge from therapy or to end reporting

Applicable Revenue Coding for Home PT

<u>Code:</u>	<u>Description:</u>
0420	General Classification- Physical Therapy
0421	Visit Charge- Physical Therapy/Visit
0423	Group Rate- Physical Therapy/Group

0424 Evaluation or Re-evaluation
0429 Other Physical Therapy- Other Physical Therapy

I.E. References

Medical Literature/Clinical Information:

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2. MD Guidelines: Physical Therapy Definition. © 1991-2013 Reed Group. Accessed: October 10, 2013. <http://www.mdguidelines.com/physical-therapy/definition>

Regulatory/Government Source:

1. Centers for Medicare and Medicaid Services (CMS): Medicare Benefit Policy Manual- Chapter 7- Home Health Services. Rev 179, January 14, 2014.. <http://www.cms.gov/Regulations-and-Guidance/Manuals/Downloads/bp102c07.pdf>
2. Centers for Medicare and Medicaid Services (CMS): Local Coverage Determination (LCD) No. L27513: Physical Medicine & Rehabilitation Services, Physical Therapy, and Occupational Therapy. (Contractor:-Novitas Solutions). Revision Effective Date: June 13, 2013. <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=27513&ContrlD=170&ver=113&ContrVer=2&Date=06%2f01%2f2013&DocID=L27513&SearchType=Advanced&bc=KAAAAAqAIAAAAA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS): Local Coverage Determination (LCD) No. L32016 – Physical Theray – Home Health. (Contractor: CGS Administrators, LLC). Revision Effective Date: 01/01/2011. [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32016&ContrlD=236&ver=13&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+\(15004%2c+HHH+MAC\)&s=45&DocType=All&bc=AggAAAIAAAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32016&ContrlD=236&ver=13&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+(15004%2c+HHH+MAC)&s=45&DocType=All&bc=AggAAAIAAAAAA%3d%3d&)
4. Centers for Medicare and Medicaid Services (CMS): Local Coverage Determination (LCD) No L33942 – Physical Therapy – Home Health. (Contractor: CGS Administrators, LLC). Revision Effective Date: 10/01/2014. [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33942&ContrlD=236&ver=2&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+\(15004%2c+HHH+MAC\)&s=45&DocType=All&bc=AggAAAIAAAAAA%3d%3d&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33942&ContrlD=236&ver=2&ContrVer=2&CntrctrSelected=236*2&Cntrctr=236&name=CGS+Administrators%2c+LLC+(15004%2c+HHH+MAC)&s=45&DocType=All&bc=AggAAAIAAAAAA%3d%3d&)