Molina Healthcare of South Carolina

South Carolina Clinical Policy – Physical and Occupational Therapy

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DISCLAIMER

This South Carolina Molina Clinical Policy (SC-MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment, and clinical recommendations for the Member. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (e.g., will be paid for by Molina) for a particular Member. The Member's benefit plan determines coverage – each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their Providers will need to consult the Member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid Members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this SC-MCP and provide the directive for all Medicare members.[1] References included were accurate at the time of policy approval and publication.

OVERVIEW

Occupational Therapy (OT) - Services for use of self-care and work activities to promote and maintain health, prevent disability, increase independent function, and enhance development. Occupation includes all age-appropriate necessary activities that a person performs each day.

Physical Therapy (PT) - Services for the preservation, enhancement, or restoration of movement and physical function impaired or threatened by disease, injury, or disability that utilizes therapeutic exercise, physical modalities, assistive devices, and patient education and training. Medical Necessity –

Medical Necessity means that the service is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability (the provision of which may be limited by the specific manual provisions, bulletins, and other directives by the State). Services furnished or order are:

- Necessary to protect life, to prevent significant illness or significant disability or to alleviate severe pain
- Individualized, specific, and consistent with symptoms to confirm diagnosis of the illness or injury under treatment and not more than the patient's needs
- Consistent with the generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.

SOUTH CAROLINA MEDICAID COVERAGE POLICY

South Carolina Department of Health and Human Services (SCDHHS) regulations on PT and OT defined below:

A. Outpatient therapies to include **physical and occupational therapy** evaluation and treatment services are considered medically necessary if:
   - The therapy is prescribed by a Physician, Physician's Assistant or Nurse Practitioner and provided by a Licensed Therapist, or qualified Therapy Assistant supervised and signed by a licensed Therapist.
   - The therapy conforms to a Plan of Care specific to the diagnosed condition or impairment.
   - A Plan of Care signed by a Licensed Therapist is required with every request.

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- The therapy produces measurable progress toward the goals specified in the Plan of Care.
- The requested therapy requires the judgment, knowledge, and skill of a qualified therapist or therapy assistant.
- The therapy must meet accepted standards of practice and must be specific and effective in the treatment of the patient's diagnosis.
- The therapy cannot be reasonably learned and implemented by nonprofessional or lay caregivers.
- The therapy does not duplicate services provided by other types of therapy or provided in another setting by the same therapy.
- There is an expectation that the services will produce significant practical improvement in the patient's level of functioning within a reasonable and generally predictable period.
- The therapy is not part of a maintenance program that continues the patient's present level of function or prevents regression of function or that could be provided by an unskilled person.
- Therapies are intended to restore functions to accomplish activities of daily living to the prior level of function. Training or therapies to improve higher levels of performance for sports and recreation are not considered medically necessary.

B. **"Medically necessary services"** are defined as services utilized in the State Medicaid program, including quantitative and non-quantitative treatment limits, as indicated in State statutes and regulations, the State Plan, and other State policy and procedures.

C. Not all therapy modalities are covered benefits. Coverage of specific therapy modalities is dependent upon their proven efficacy, safety, and appropriateness.

Process and Procedure

Authorization Requirements

Therapy Type	Service	Member Age	Authorization Required
Physical	Initial evaluation + 6 visits Outpatient setting	18 years and younger	NO
Physical	Ongoing treatment AFTER the initial evaluation + 6 visits	18 years and younger	**YES**
Physical	Evaluation and any visits Outpatient setting	19 years and older	NO
Occupational	Initial evaluation + first 6 visits Outpatient setting	18 years and younger	NO
Occupational	Ongoing treatment AFTER the initial evaluation + 6 visits	18 years and younger	**YES**
Occupational	Evaluation and visits Outpatient setting	19 years and older	NO

A. Initial Authorization

1. The initial **evaluation** date may be included in the dates of service per the provider's initial authorization request.

2. Initial authorization following the evaluation must include a copy of the Initial Evaluation and the following:
   - Order or Plan of Care signed by a Physician, Nurse Practitioner, or a Physician's Assistant.
   - Plan of Care signed by the Licensed Therapist.

3. Authorization of visits will require a **Plan of Care** that must be **signed by a licensed therapist and document the following:**
   - A **brief history of treatment** provided to the member by the current or most recent provider
   - **Description of current level of functioning or impairment** and any known primary or secondary health conditions which could impede the member's ability to benefit from treatment.
   - **Current diagnosis** for which the therapy is being requested
   - **Date of onset** or exacerbation of current condition, including date of accident and/or surgery if applicable

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- **Requested treatment modalities** to include frequency and duration of each
- **Short and long-term goals** within specified timeframe for improvement
- **Recent standardized evaluation scores**, with documentation of age equivalency, percent of functional delay or standard deviation score when appropriate for member's diagnosis/disability
- **Education** of the member and primary caregiver including Home Exercise Plan (HEP), if applicable
- **Summary of results** achieved during previous periods of therapy, if applicable.

4. If the clinical information submitted by the requesting provider is insufficient to render a determination, the reviewer will refer the request to the medical director.

5. Where appropriate, MCG criteria will be used as the guideline in the medical necessity making process.

B. Continued Authorization

1. The provider must document and submit the results of an **updated signed Plan of Care** and a progress note including Plan of Care, with each authorization request, if additional visits are being requested.

a) **Documentation must include the following**:

- Objective measures of the patient's progress toward each goal and comparison to the previous report
- Any changes to the treatment plan
- Treatment modalities with frequency and duration
- Appropriate attendance to achieve goals
- Home Exercise Plan compliance
- Education of the member and primary caregiver, if applicable

2. The requested therapy must have a standardized formal progress note signed and dated by the licensed therapist semi-annually and should include a Plan of Care that has:

- A brief history of **treatment provided** to the member by the current or most recent provider
- **Description of current level of functioning** or impairment and any known primary or secondary health conditions which could impede the member's ability to benefit from treatment
- **Current diagnosis** for which the therapy is being requested
- **Date of onset** or exacerbation of current condition, including date of accident and/or surgery if applicable
- **Requested treatment modalities** to include frequency and duration of each
- **Short and long-term goals** within specified time frame for improvement
- The **most recent standardized evaluation scores**, with documentation of age equivalency, percent of functional delay, or standard deviation score when appropriate for member's diagnosis/disability
- **Education** of the member and primary caregiver, including the involvement in HEP (home Exercise Program)
- **Summary of results achieved** during previous periods of therapy or summary toward goals.
- **Member Attendance** at visits – appropriate attendance to achieve goals

3. A Physician, Nurse Practitioner or Physician's Assistant signed order for therapy or signed treatment plan or letter of medical necessity must accompany the initial request for therapy. The Physician, Nurse Practitioner or Physician's Assistant order or signed Plan of Care instructions must be followed. If the request spans one year, must be updated yearly.

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4. **Re-evaluation**: A re-evaluation is usually indicated when there are new significant clinical findings, a rapid change in the individual's status, failure to respond to PT/OT interventions or after every 6 months of treatment. Re- evaluation is a more comprehensive assessment that includes all the components of the initial evaluation
    - To continue physical/occupational therapy after 6 months a re-evaluation must be done that includes documentation of progress, assessments, and tools to assess the individual's level of functional activities.
    - If the re-evaluation and submitted clinicals support treatment is needed beyond 6 months, the review nurse may approve up to an additional 3 months of therapy at a given time for a total of 6 additional months, provided services meet medical necessary as found in this MCR.
        - Member must also show consistent attendance at treatment visits.
    - Member must show progress for additional therapy to be approved (e.g., consistent attendance, making progress toward goals, compliance with treatment plan). Clinicals that fail to show progress require the request to be referred to the medical director for review.
    - Ongoing therapy requests beyond a duration of 12 months require mandatory medical director referral and review.
    - Formal re-evaluation is required after every 6 months of treatment.

The medical director can deny for no progress made if, despite therapy services, member achieves a relative clinical and functional plateau that has not improved with therapy and/or if progress towards defined goals has not occurred.

EARLY CHILDHOOD DEVELOPMENTAL DISORDERS

Therapy Requests for Developmentally Delayed Children
Note: MCG criteria may be utilized for pertinent non-developmental diagnosis

BabyNet is South Carolina's interagency for early intervention of symptoms for infants and toddlers under three years of age with developmental delays or who have conditions associated with developmental delays. BabyNet is funded and regulated through the Individual with Disabilities Education Act and managed through South Carolina First Steps to School Readiness. There is also a federal mandate that children between the ages of three years and 21 years with educationally based needs be provided with an Individual Education Plan or IEP. The school system is the primary payor in these cases and therapy requests should be referred there first if they are not supported medically. An exception to this is that SCDHHS (South Carolina Department of
Health and Human Services) has instructed the managed care organizations to determine medically necessity in the absence of the IEP.

NOTE: Baby Net services are managed by the SC-DHHS. Molina's responsibility is to load an authorization in QNXT (e.g. auth notification) according to the submitted IFSP form completed by the treating provider and payment of those services.

Occupational Therapy *(Baby Net)* – Services utilization to address the functional needs of children from birth to three (3) years of age with a disability related to adaptive development, adaptive behavior and play and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in the home, school, and community settings including:

1. Identification, assessment, and intervention
2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

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Physical Therapy *(Baby Net)* – includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

1. Screening, evaluation, and assessment of children to identify movement dysfunction.
2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
3. Providing services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

END South Carolina Department of Health and Human Services (SCDHHS) regulations on PT and OT

Please review individual State and Federal mandates and applicable health plan regulations before applying the criteria below. Please refer to requirements, criteria, and guidance from the State in which the Member is receiving treatment as the State's documents will supersede this Molina Clinical Policy.

ADDITIONAL INFORMATION

Discharge and Discontinuation of Therapy

A Member may be discharged from occupational therapy services when the anticipated goals or expected outcomes have been achieved. Services may be discontinued when the Member cannot continue to progress toward goals or if the occupational therapist determines that the Member no longer benefits from occupational therapy services. The following information should be included in the Member's medical record:

- Member status at discharge including achieved goals and outcomes; **AND**
- Date and name of the occupational therapist who determined that the Member was ready for discharge; **AND**
- Functional Outcome Measures (FOMs) scores (initial, subsequent, and final); **AND**
- Proposed self-care recommendations, if applicable; **AND**
- Referrals as appropriate

Limitations and Exclusions

All other requests for treatment that do not meet the above criteria **are considered not medically necessary or experimental, investigational and/or unproven.** This includes **ALL** the following:

1. Member's condition is not expected to improve (or has not improved) with therapy.
2. Improvement of function could reasonably be expected as the Member slowly resumes normal activities, without the aid of therapy services. Examples include: an individual who suffered a temporary loss or reduction in function that is likely reversible and expected to recover as they resume normal activities or an individual who did not have difficulty functioning and develops temporary weakness due to bed rest following surgery.
3. Services that do not require the skills of a licensed or certified OT provider such as:
   a. Activities that benefit an individual overall such as: general exercises (e.g., basic aerobic, strength, flexibility, or aquatic programs) to promote overall fitness/conditioning; services that focus on enhancing athletic or recreational sports; massages and whirlpools for the purposes of relaxation; and public education classes.
   b. Repetitive gait or other activities that can be practiced individually and self-administered or that require routine supervision (not the skills of an OT provider) as well as home exercise programs to continue therapy.
4. Insufficient documentation to objectively verify subjective, objective, and functional progress over a reasonable and predictable period of time.
5. Modalities that are physical in nature are not preparatory for other procedures.
6. Treatments and modalities that lack evidence of efficacy and/or clinical value separate or apart from (or within) a comprehensive treatment plan for the Member's condition and/or not considered to be a current standard of care. This includes, but is not limited to, infrared light therapy and Vasopneumatic device.

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7. Services that are duplicative and expected to have the same therapeutic outcomes including, but not limited to:
   a. Procedures with multiple modalities or have intersecting physiologic effects (e.g., multiple forms of superficial or deep heating modalities)
   b. Services that are similar and provided as part of an authorized therapy program through another therapy discipline

In addition, the following are considered experimental and investigational:

- Dry needling
- Dry hydrotherapy, aqua-massage, and hydromassage
- Elastic therapeutic tape or taping (e.g., Kinesio™ tape, KT TAPE, KT TAPE PRO™, Spidertech™ tape)
- Hippotherapy (or equestrian therapy)
- H-WAVE®
- Intensive Model of Constraint-Induced Movement Therapy
- Intensive Model of Therapy programs
- The Interactive Metronome Program
- Low-level laser therapy
- MEDEK Therapy
- Microcurrent Electrical Nerve Stimulation
- Non-invasive Interactive Neurostimulation (e.g., InterX®)

The following are also considered non-covered and **not medically necessary** as they are educational and non-clinical:

- Returning to school
- Driving safety or driver training
- Vocational rehabilitation programs (or similar programs focused on assisting an individual to return to work)
- Work hardening programs

Additionally, many benefit plans have exclusion language and/or limitations that impact coverage of occupational Therapy. Please refer to the individual benefit plan for details.

Specific Rehabilitation Criteria

Providers can access the **most current MCG criteria** listed below by visiting the Molina Provider Portal

- Arthroplasty Rehabilitation
- Fracture Rehabilitation
- Neurologic Rehabilitation
- Osteoarthritis Rehabilitation
- Pain Rehabilitation
- Soft Tissue Dysfunction Rehabilitation (Lower Extremity)
- Soft Tissue Dysfunction Rehabilitation (Spine)
- Soft Tissue Dysfunction Rehabilitation (Upper Extremity)
- Systematic Rehabilitation

DOCUMENTATION REQUIREMENTS. Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

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SUMMARY OF MEDICAL EVIDENCE

Naterstad et al. (2022) completed a systematic review and meta-analysis to assess the efficacy of low-level laser therapy for the treatment of lower extremity tendinopathy and plantar fasciitis. A total of 18 randomized controlled trials with a total of 784 participants were included with 10 trials comparing low-level laser therapy to a placebo, five trials comparing it to other interventions, and three trials assessing it as an add-on intervention. Of the 10 trials comparing low-level laser therapy to a placebo, five trials used exercise therapy or stretching exercises as a cointervention. Other interventions that served as a comparator included extracorporeal shockwave therapy for plantar fasciitis, therapeutic ultrasound, and steroid injections. Eleven of the trials reported using the recommended laser dose for low-level laser therapy, one trial reported using a non-recommended dosage, and six trials were either missing or had indiscernible laser dosage information. An overall significant reduction in pain was noted immediately after low-level laser therapy and continued for 4-12 weeks depending on follow-up period when compared to any control group. An overall significant reduction in disability results was also noted for low-level laser therapy immediately after therapy with the reduction remaining significant 4-9 weeks after therapy when compared to any control group. Subgroup analysis revealed that low-level laser therapy was effective at significantly reducing pain immediately after therapy if the recommended laser dosage was used when compared to all other interventions. This significance was also noted at 4–8-week follow-up points for the placebo control group, 4-12 weeks for other interventions, and 9 weeks for no intervention. Non-recommended laser dosages did not provide a significant reduction in pain while "trials with unknown laser doses significantly favored [low-level laser therapy]." Subgroup analysis for low-level laser therapy compared to each type of intervention favored low-level laser therapy. However, the results were not significant for any subgroup. Limitations of this study included a lack of long-term follow-up data and a lack of blinding of participants and therapists. In addition, there was "some uncertainty about the effect size…due to wide [confidence intervals] and lack of large trials."

Valera-Calero et al. (2022) completed a systematic review and meta-analysis to assess the efficacy of dry needling and acupuncture in adults with fibromyalgia. A total of 24 studies were included in the systematic review with four studies focusing on dry needling (n = 312 participants) and 20 studies focusing on acupuncture (n = 1497 participants). None of the studies directly compared dry needling and acupuncture. Pain reduction was the most commonly reported outcome in all of the studies and was reported using a variety of pain measurement scales. A total of 15 studies were included for meta-analysis (acupuncture = 11; dry needling = 4). There was an overall significant effect for needle interventions in reducing pain intensity up to 3 months following intervention ($p = 0.002$), indicating effectiveness of acupuncture and dry needling in the short term. Subgroup analysis found a significant effect for the dry needling group ($p = 0.003$) but not for the acupuncture group ($p = 0.10$). However, there was a nonsignificant effect for each follow-up period after 3 months for pain intensity and for all follow-up points for the Fibromyalgia Impact Questionnaire, sleeping/resting quality, depression, and pressure pain threshold. Researchers noted that the evidence level for all outcomes was low to moderate due to serious or very serious inconsistencies noted with individual study results, indicating that "this systematic review should be interpreted carefully." Researchers recommended additional high-quality studies with proper comparators and blinding to assess the efficacy of acupuncture and dry needling as treatment options for fibromyalgia.

Houtrow and Murphy (2019) published an article in consultation with the Council on Children with Disabilities. The authors note the vital role of ensuring that children and youth with disabilities are receiving appropriate community-based services. Without adequate training, general pediatric providers may not be equipped to prescribe appropriate therapy in the appropriate setting for the patient. The report includes the framework of the International Classification of Functioning, Disability and Health (ICF) for understanding the interaction between health conditions and personal and environmental factors that result in disability; children with disabilities and the goals of habilitation and rehabilitation services; the types of therapy services available with their general indications; the locations in which children may receive therapy services and potential facilitators and barriers to securing therapy services; the existing literature regarding the benefits of therapy and how therapy may be dosed to optimize functional outcomes; and recommendations for writing therapy prescriptions.

National and Professional Organizations

The **American Occupational Therapy Association (AOTA)** published the *Standards of Practice for Occupational Therapy* to address the "minimum standards for the practice of occupational therapy." The standards address the education, examination, and licensure requirements for occupational therapy in addition to the standards for 1) professional standing and responsibility, 2) service delivery, 3) screening, evaluation, and reevaluation of clients, 4) intervention processes that includes developing and modifying care plans and working in conjunction with occupational therapy assistants, and 5) outcomes, transition, and discontinuation of occupational therapy interventions and services (Casto et al. 2022).

The AOTA has also published several practice guidelines to establish evidence-based interventions for various conditions and patient populations. The guidelines include, but are not limited to, the following:

- Occupational Therapy Practice Guidelines for Adults Living With Alzheimer's Disease and Related Neurocognitive Disorders (Smallfield et al. 2024)
- Occupational Therapy Practice Guidelines for Adults With Stroke (Hildebrand et al. 2023)
- Occupational Therapy Practice Guidelines for Adults With Traumatic Brain Injury (Wheeler & Acord-Vira 2023)
- Occupational Therapy Practice Guidelines for People With Parkinson's Disease (Wood et al. 2022)
- Occupational Therapy Practice Guidelines for Adults With Chronic Conditions (Fields & Smallfield 2022)
- Occupational Therapy Practice Guidelines for Children and Youth Ages 5-21 Years (Cahill & Beisbier 2020)
- Occupational Therapy Practice Guidelines for Early Childhood: Birth-5 Years (Clark & Kingsley 2020)

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SUPPLEMENTAL INFORMATION

Habilitative / Maintenance Therapy. A program designed to maintain or to slow deterioration and must meet criteria to be considered reasonable and necessary. Treatment approaches include, but are not limited to (CMS, 2024):

- Evaluation and reevaluation
- Basic ADL training
- Instrumental ADL training
- Muscle reeducation/strengthening/coordination
- Cognitive training
- Perceptual motor training
- Orthotics (splinting)
- Adaptive equipment fabrication and training
- Environment modification recommendations/training
- Patient/caregiver education/training
- Transfer training
- Functional modality training
- Manual therapy
- Physical agent modality

Rehabilitative / Restorative Therapy. The purpose of this type of skilled therapy is to reverse, in whole or in part, a previous loss of function (CMS, 2024).

Individuals with Disabilities Act (IDEA) and State Resources for Children and Adolescents. The Act is a federally mandated program that provides free and appropriate public education for children with diagnosed learning disabilities throughout the nation and ensures special education and related services to those children. ** Funding is governed by IDEA and determines how States and public agencies (such as schools) provide early intervention, special education, and related services to over 7.5 million eligible infants, toddlers, children, and youth with disabilities.

- Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.
- Infants and toddlers (birth through age 2) with disabilities and their families receive early intervention services under IDEA Part C.
- Formula grants are awarded to States to support special education and related services and early intervention services.
- Discretionary grants are awarded to State educational agencies, institutions of higher education, and other non-profit organizations to support research, demonstrations, technical assistance and dissemination, technology development, personnel development, and parent-training and -information centers.

Services provided include, but are not limited to social workers, speech therapists, occupational therapists, school nurses, school psychologists, and/or health or other support staff (e.g., aides). Congress reauthorized the IDEA in 2004 and amended the IDEA through Every Student Succeeds Act in December 2015.

** Refer to State guidance regarding coverage of speech therapy for the conditions noted above.

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CODING & BILLING INFORMATION

Physicians/NPs are required to submit the applicable CPT codes as defined in the CPT reference manual for the specified therapy. Therapy procedures are defined in 15-minute sessions, SCDHHS will define 15 minutes as one unit. Therapy sessions are limited to four units/one hour per DOS. For children under the age of 21 PT/OT/ST services are available through rehabilitation centers certified by SCDHEC, and through individual licensed practitioners. Policy guidelines are in the Private Rehabilitative Therapy and Audiological Services Provider Manual on our website located at: www.scdhhs.gov.

CPT (Current Procedural Terminology) Codes

Code	Description
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
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
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)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (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.

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CPT Codes

Code	Description
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

HCPCS (Healthcare Common Procedure Coding System) Codes

HCPCS	Description
G0129	Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minute
S9131	Physical Therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*

REFERENCES

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APPROVAL HISTORY

Review	Revision	MCP-Committee Approval Date	Comments
9.26.24		9.26.24	Approved e-vote by majority of HCS Committee members
9/16/2024	9/16/2024	10/1/2024	Added Code S9131
9/09/2024	09/09/2024	9/12/2024	Updated MCP CPT codes; References per MHI MCP, and Disclaimer (footer)
12/4/23		12/4/23	HCS Committee reviewed and approved
9/29/23	9/29/23		Updated Member attendance language – approved by Tena Kelly, VP HCS
9/11/23		9/11/23	HCS Committee reviewed and approved
9/19/2022	9/19/2022	9/19/2022	SC Policy updated Approved by D Enigl and Dr. Shrouds
4/13/2022			New MHI Policy – Occupational Therapy
11/24/2021	11/24/2021	12/1/2021	New SC Policy – Physical and Occupational Therapy

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