

Medical Policy and InterQual® Criteria

Physical Therapy in the Outpatient Setting

Policy Number: OCA 3.54

Version Number: 26

Version Effective Date: 12/01/21

Product Applicability		<input type="checkbox"/> All Plan⁺ Products
Well Sense Health Plan		Boston Medical Center HealthNet Plan
<input type="checkbox"/> NH Medicaid		<input checked="" type="checkbox"/> MassHealth
<input type="checkbox"/> NH Medicare Advantage		<input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
		<input checked="" type="checkbox"/> Senior Care Options

+ Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan considers physical therapy (PT) provided in the outpatient setting to be **medically necessary**, including for habilitative services and/or rehabilitative service when **InterQual® criteria** are met for an adult or pediatric member or are required **EPSDT services** for a member age 20 or younger on the date of service (when applicable). Physical therapy must be provided within the scope of practice of the treating professional and/or paraprofessional and follow all applicable state licensing and supervisory requirements. Prior authorization is required according to the guidelines outlined below. Prior authorization is required for physical therapy (PT) **after the initial evaluation**, as specified below.

- A. Prior authorization is NOT required for ANY of the services listed in item 1 or item 2 when rendered by a Plan participating provider:
 - 1. An **initial evaluation** for PT does NOT require Plan prior authorization when rendered by a servicing PT provider‡; OR

Physical Therapy in the Outpatient Setting (for Boston Medical Center HealthNet Plan Products)

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2. Prior authorization is NOT required for services when ALL criteria in items a through c are met:
 - a. Outpatient PT provided in the **first 12 treatment visits per member per physical therapist servicing provider‡ per benefit/Plan year** for an established plan of care; AND
 - b. Outpatient PT (up to the first 12 visits) **does NOT exceed a total of 48 treatment units per member per servicing physical therapy PT provider‡ per benefit/Plan year** to account for PT billed in 15-minute intervals (when services are billed in 15-minute intervals according to industry-standard coding); AND
 - c. When outpatient PT meets the Plan's waived prior authorization requirement specified above, each date of service must be billed on a separate claim (or prior authorization is necessary for these services).

B. Prior authorization is REQUIRED for ANY of the services listed below in items 1 through 5:

1. A re-evaluation of the established plan of care for PT REQUIRES prior authorization; OR
2. PT BEYOND 12 treatment visits *per member per servicing PT provider‡ per benefit/Plan year*; OR
3. PT (even when provided in the first 12 visits) when treatment EXCEEDS 48 treatment units in total *per member per servicing PT provider‡ per benefit/Plan year* to account for PT billed in 15-minute intervals (when services are billed in 15-minute intervals according to industry-standard coding) and regardless of the number of visits; OR
4. All outpatient PT rendered by physical therapist who is NOT a Plan participating provider (including initial evaluation and all other services waived for prior authorization when rendered by a servicing PT participating provider); OR
5. All outpatient PT provided by a provider who is NOT certified as a physical therapist, as defined by scope of practice and certification.

‡ Note: The servicing PT provider refers to a Plan participating provider who is certified in rendering PT, as defined by scope of practice and certification. Untimed PT is typically billed as one (1) unit per modality, and timed modalities are billed in 15-minute treatment units.

Clinical Criteria

Physical therapy in the outpatient setting is considered medically necessary when InterQual® criteria are met for an adult or pediatric member or are required EPSDT services for a member age 20 or younger on the date of service (when applicable).

Physical Therapy in the Outpatient Setting (for Boston Medical Center HealthNet Plan Products)

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Limitations and Exclusions

- A. Physical therapy provided in the outpatient setting is NOT considered medically necessary for ANY indication listed in items 1 through 5:
1. Maintenance therapy provided in the outpatient setting: The services involve non-diagnostic, non-therapeutic, routine, or repetitive procedures to maintain general welfare and do not require the skilled assistance of a licensed therapist; OR
 2. The treatment constitutes non-therapeutic services, such as general exercise programs to promote overall fitness and endurance, for diversion, or for general motivation; OR
 3. The therapy replicates services that are provided concurrently by any other type of therapy such as occupational therapy and/or speech and language therapy, which should provide different treatment goals, plans, and therapeutic modalities; OR
 4. The therapy documentation does not objectively verify progressive functional improvement over the specific time frames and therefore does not support the need for therapeutic services or continuing therapy; OR
 5. There is no objective clinical benefit to the use of more than four (4) modalities per PT session, therefore more than four (4) modalities per session are considered not medically necessary; OR
- B. Plan Medical Director review is required when medical necessity criteria are NOT met. The Plan Medical Director will evaluate the member's individual needs and circumstances, including the following factors in items 1 through 12 (when applicable) to determine the medical necessity of therapeutic services:
1. Chronological age; AND
 2. Symptoms specific to the member's deficits; AND
 3. How the member's deficits are impacting the member's quality of life; AND
 4. How therapeutic interventions would benefit the member (based on a formal treatment plan with objective and measurable goals specific to the member's deficit); AND
 5. Expected duration of therapy to meet the member's therapeutic treatment goals (with the duration consistent and reasonable when compared to professionally recognized standards of practice for the applicable therapeutic services); AND
 6. Review of past therapy, the member's progress with treatment, and an evaluation of results; AND

Physical Therapy in the Outpatient Setting (for Boston Medical Center HealthNet Plan Products)

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7. Complications; AND
8. Progression of the member's condition, illness, or injury; AND
9. Comorbidities and relevant medical behavioral health/pharmacotherapy history; AND
10. Psychosocial circumstances; AND
11. Home environment; AND
12. Other applicable environmental factors.

Variations

The Plan uses guidance from the Centers for Medicare & Medicaid Services (CMS) for medical necessity and coverage determinations for Senior Care Options (SCO) members, including but not limited to national coverage determinations (NCDs), local coverage determinations (LCDs), local coverage articles (LCAs), and documentation included in Medicare manuals. At the time of the Plan's most recent policy review, no applicable clinical guidelines were found from CMS. Verify CMS criteria in effect for the requested service on the date of the prior authorization request for a SCO or WellSense Medicare Advantage HMO member. When there is no guidance from CMS for the requested service for the specified indication on the date of the prior authorization request, Plan-adopted clinical review criteria will be used to determine the medical necessity of the service.

Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Since the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Clinical Criteria section and Limitations and Exclusions section of this Plan policy, even if an applicable code

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appropriately describing the service that is the subject of this Plan policy is not included in this Applicable Coding section of this Plan policy. Review the Plan’s reimbursement policies for Plan billing guidelines. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Member benefit documents are available at www.bmchp.org for BMC HealthNet Plan members and at www.SeniorsGetMore.org for Senior Care Options members.

CPT Codes	Description: Codes Covered When Medically Necessary
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) Plan Note: Code is NOT payable for the Senior Care Options plans.
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
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)
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and

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	compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
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)
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.
97530	Therapeutic activities, direct (one-on-one) patient contact (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, each 15 minutes
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes Plan note: Code is ONLY payable for the Senior Care Options products.
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes Plan note: CPT code 97542 is an applicable code for the BMC HealthNet Plan products only; this code does NOT apply to members enrolled in the Well Sense Health Plan product.
97545	Work hardening/conditioning; initial 2 hours Plan note: Code is ONLY payable for the Senior Care Options products.
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) Plan note: Code is ONLY payable for the Senior Care Options products.
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (e.g., to restore, augment or compensate for

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	existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes Plan note: Code is ONLY payable for the Senior Care Options products.
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, 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

References

American Academy of Pediatrics (AAP). Richerson JE, Abularrage JJ, Almendarez JE, Arauz Boudreau AD, Berhane AM, Cantrell PE, Hackell JM, Kafer LM, Warner R, Haga Jr JF, KemperAR, Shaw JS. 2020 Recommendations for Preventive Pediatric Health Care. Committee on Practice and Ambulatory Medicine and Bright Futures Periodicity Schedule Workgroup. *Pediatrics*. 2020 Mar;145(3):e20200013. doi: 10.1542/peds.2020-0013.

American Association of Acupuncture and Oriental Medicine (AAAOM). AAAOM Position Statement on Trigger Point Dry Needling (TPDN) and Intramuscular Manual Therapy (IMT).

American College of Physicians (ACP), American Pain Society (APS). Chou R, Qaseem A, Snow V, Casey D, Cross JT Jr, Shekelle P, Owens DK; Clinical Efficacy Assessment Subcommittee of the ACP; ACP; APS Low Back Pain Guidelines Panel. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the ACP and the APS. *Ann Intern Med*. 2007 Oct 2;147(7):478-91. Erratum in: *Ann Intern Med*. 2008 Feb 5;148(3):247-8. PMID: 17909209.

American College of Physicians (ACP). Qaseem A, Wilt TJ, McLean RM, Forcica MA; Clinical Guidelines Committee of the ACP. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the ACP. *Ann Intern Med*. 2017 Apr 4;166(7):514-30. doi: 10.7326/M16-2367. Epub 2017 Feb 14. PMID: 28192789.

American Heart Association/American Stroke Association. Winstein CJ, Stein J, Arena R, Bates B, Cherney LR, Cramer SC, Deruyter F, Eng JJ, Fisher B, Harvey RL, Lang CE, MacKay-Lyons M, Ottenbacher KJ, Pugh S, Reeves MJ, Richards LG, Stiers W, Zorowitz RD; American Heart Association Stroke Council, Council on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, and Council on Quality of Care and Outcomes Research. Guidelines for Adult Stroke Rehabilitation and Recovery: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. *Stroke*. 2016 Jun;47(6):e98-e169. doi: 10.1161/STR.0000000000000098. Epub 2016 May 4. Review. Erratum in: *Stroke*. 2017 Feb;48(2):e78. *Stroke*. 2017 Dec;48(12):e369. PMID: 27145936.

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American Pain Society (APS). Chou R, Atlas SJ, Stanos SP, Rosenquist RW. Nonsurgical Interventional Therapies for Low Back Pain: a Review of the Evidence for an American Pain Society Clinical Practice Guideline. *Spine*. 2009 May 1;34(10):1078-93. doi: 10.1097/BRS.0b013e3181a103b1. PMID: 19363456.

American Pain Society (APS). Guideline Summaries.

American Physical Therapy Association (APTA). APTA Clinical Practice Guidelines Development Manual.

American Physical Therapy Association (APTA). Balance and Falls.

American Physical Therapy Association (APTA). Clinical Practice Guidelines (CPGs) Developed by APTA.

American Physical Therapy Association (APTA). Coding and Billing

American Physical Therapy Association (APTA). Direction and Supervision of the Physical Therapist Assistant.

American Physical Therapy Association (APTA). Dry Needling.

American Physical Therapy Association (APTA). Ethics and Professionalism. Code of Ethics for the Physical Therapist, Standards of Ethical Conduct for the PT, Value-Based Behaviors for the PT, Core Values for the PT and PTA, Standards of Practice for Physical Therapy.

American Physical Therapy Association (APTA). Guide to Physical Therapist Practice. Guide 3.0. 2016.

American Physical Therapy Association (APTA). Physical Therapy Documentation of Patient/Client Management.

American Physical Therapy Association (APTA). Supervision and Teamwork.

American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA). Rosenquist RW, Benzon HT, Connis RT, De Leon-Casasola OA, Glass D, Korevaar WC, Cynwyd B, Mekhail NA, Merrill DG, Nlckinovich DG, Rathnmell JP, Nai-Mei Sang C, Simon DL; ASA Task Force on Chronic Pain Management. Practice guidelines for chronic pain management: an updated report by the ASA Task Force on Chronic Pain Management and the ASRA. *Anesthesiology*. 2010 Apr;112(4):810-33. doi: 10.1097/ALN.0b013e3181c43103. PMID: 20124882.

Centers for Medicare & Medicaid Services (CMS). Early and Periodic Screening, Diagnostic and Treatment (EPSDT). [Medicaid.gov](http://www.Medicaid.gov).

Centers for Medicare & Medicaid Services (CMS). EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. 2014 Jun.

Physical Therapy in the Outpatient Setting (for Boston Medical Center HealthNet Plan Products)

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Centers for Medicare and Medicaid Services (CMS). Manuals. Publication # 100-02. Medicare Benefit Policy Manual.

Centers for Medicare and Medicaid Services (CMS). Manuals. Publication # 100-03. Medicare National Coverage Determinations (NCD) Manual.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) Neuromuscular Electrical Stimulation (NMES) 160.12. Version 2. 2006 Oct 1.

Commonwealth of Massachusetts. Allied Health Professions Licensing.

Commonwealth of Massachusetts. Board of Allied Health Professionals.

Commonwealth of Massachusetts. Division of Insurance (DOI) Bulletins.

Commonwealth of Massachusetts. Division of Insurance. Bulletin 2019-06. Guidelines for Pain Management Alternatives to Opiate Products. 2019 Aug 29.

Commonwealth of Massachusetts. Early Intervention Division (EI).

Commonwealth of Massachusetts. EPSDT and PPHSD Information and Resources. Mass.gov.

Commonwealth of Massachusetts. MassHealth Guidelines for Medical Necessity Determination for Physical Therapy.

Commonwealth of Massachusetts. MassHealth Provider Bulletins.

Commonwealth of Massachusetts. MassHealth Provider Manuals.

Commonwealth of Massachusetts. MassHealth Therapist (THP) Manual.

Commonwealth of Massachusetts. MassHealth Transmittal Letters

Commonwealth of Massachusetts. Policies, Regulations, and Statutes (Allied Health).

Cruickshank TM, Reyes AR, Ziman MR. A systematic review and meta-analysis of strength training in individuals with multiple sclerosis or Parkinson disease. *Medicine (Baltimore)*. 2015 Jan;94(4):e411. doi: 10.1097/MD.0000000000000411. PMID: 25634170.

Hayes. Health Technology Assessment. Cognitive Rehabilitation Therapy for Traumatic Brain Injury (TBI). Dallas, TX: Hayes; 2017 Sep 26. Annual Review 2021 Feb 8.

Physical Therapy in the Outpatient Setting (for Boston Medical Center HealthNet Plan Products)

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Madsen M, Larsen K, Madsen IK, Sjøe H, Hansen TB. Late group-based rehabilitation has no advantages compared with supervised home-exercises after total knee arthroplasty. *Dan Med J*. 2013 Apr;60(4):A4607. PMID: 23651717.

Massachusetts Department of Public Health. Early Intervention Operational Standards. 2013 Jul.

Monticone M, Ferrante S, Rocca B, Baiardi P, Farra FD, Foti C. Effect of a long-lasting multidisciplinary program on disability and fear-avoidance behaviors in patients with chronic low back pain: results of a randomized controlled trial. *Clin J Pain*. 2013 Nov;29(11):929-38. doi: 10.1097/AJP.0b013e31827fef7e. PMID: 23328343.

Parikh SS, Baxi N, Padavan SA. Musculoskeletal medicine. In: Sackheim KA, editor. *Rehab Clinical Pocket Guide*. New York, NY: Springer; 2013:357-426.

Reid MC, Eccleston C, Pillemer K. Management of chronic pain in older adults. *BMJ*. 2015 Feb 13;350:h532. doi: 10.1136/bmj.h532. PMID: 25680884.

Schaufele MK, Tate JL. Lumbar degenerative disease. In: Frontera WR, Silver JK, Rizzo TD Jr, editors. *Essentials of Physical Medicine and Rehabilitation: Musculoskeletal Disorders, Pain, and Rehabilitation*. 3rd ed. Philadelphia, PA: Elsevier Saunders; 2015:225-32.

Stanos SP, Tybursky MD, Harden RN. Chronic pain. In: Cifu DX, et al., editors. *Braddom's Physical Medicine and Rehabilitation*. 5th ed. Elsevier; 2016:809-33.

Policy History

Original Approval Date	Original Effective Date* and Version Number	Policy Owner	Original Policy Approved by
Regulatory Approval: N/A Internal Approval: 09/16/05	09/16/05 Version 1	Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)	Quality and Clinical Management Committee (Q&CMC)

*Effective Date for the BMC HealthNet Plan Commercial Product: 01/01/12

*Effective Date for the Senior Care Options Product: 01/01/16

*Effective Date for the WellSense New Hampshire Medicaid Product: 01/01/13 to 01/10/15 (until separate medical policies were developed for the WellSense Health Plan products effective 01/11/15, policy number OCA 3.531 and policy number OCA 3.541 for functional therapies).

Policy Revisions History

Physical Therapy in the Outpatient Setting (for Boston Medical Center HealthNet Plan Products)

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Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date and Version Number	Approved by
02/07/06	Added definitions for modality and visit. Defined coverage for visits, evaluations and units billed.	Version 2	02/07/06: Q&CMC
07/06/06	Removed verbiage regarding reimbursement for evaluation and modality services.	Version 3	07/06/06: Q&CMC
03/27/07	Policy archived.	Not applicable	Not specified
10/14/08	Updated clinical criteria. Effective date of the revised policy is 12/16/08.	12/16/08 Version 4	11/10/08: MPCTAC 12/16/08: Quality Improvement Committee (QIC)
09/22/09	No changes.	Version 5	09/22/09: MPCTAC 10/28/09: QIC
10/01/10	Updated template and references.	Version 6	10/20/10: MPCTAC 11/22/10: QIC
10/01/11	Added Commercial benefit limitations. Updated coding and references.	Version 7	10/19/11: MPCTAC 11/29/11: QIC
08/01/12	Off cycle review for Well Sense Health Plan, revised Summary statement, reformatted Medical Policy Statement, revised Applicable Coding introductory paragraph, updated code list, revised Limitations section, and revised references.	Version 8	08/13/12: MPCTAC 09/06/12: QIC
11/01/12	Review for effective date 03/01/13. Updated references. Revised Summary section. Clarified text in Medical Policy Statement section. Revised language in introductory paragraph in Applicable Coding section and updated applicable code list. Clinical criteria moved from Clinical Background and Summary sections to Medical Policy Statement section. Moved services not considered medically necessary from the Medical Policy Statement section to the Limitations section. Removed duplicate text from Clinical Background Information section. Referenced Plan reimbursement policy 4.609 for physical therapy reimbursement guidelines. Removed "Guideline" from title.	03/01/13 Version 9	11/21/12: MPCTAC 12/20/12: QIC
08/14/13 and 08/15/13	Off cycle review for Well Sense Health Plan and merged policy format. Incorporate policy revisions dated 11/01/12 (as specified above) for the Well Sense Health Plan product; these policy	Version 10	08/14/13: MPCTAC (electronic vote) 08/15/13: QIC

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Policy Revisions History

	revisions were approved by MPCTAC on 11/21/12 and QIC on 12/20/12 for applicable Plan products.		
11/01/13, 12/01/13, 01/01/14, and 02/01/14	Review for effective date 05/01/14. Updated code definitions, introductory paragraph in Applicable Coding section, and the applicable code lists for the BMC HealthNet Plan products and the Well Sense Health Plan product. Updated references. Removed prior authorization waiver for the first 32 units of PT for the Well Sense Health Plan product. Add criterion in the Medical Policy Statement sections for the BMC HealthNet Plan products and Well Sense Health Plan product requiring an updated physician prescription and supporting clinical documentation after 20 OT visits per treatment episode. Revised Limitations sections.	05/01/14 Version 11	02/11/14: MPCTAC 02/18/14: QIC
10/01/14 and 11/19/14	Review for effective date 01/11/15. Policy reformatted to include BMC HealthNet Plan products only. References updated. Revised review calendar.	01/11/15 Version 12	10/15/14: MPCTAC 11/12/14: QIC 11/19/14: MPCTAC 12/10/14: QIC
11/25/15	Review for effective date 01/01/16. Updated template with list of applicable products and notes. Administrative changes made to the Medical Policy Statement section and Limitations section without changing criteria. Updated Summary and References sections. Revised language in the Applicable Coding section.	01/01/16 Version 13	11/18/15: MPCTAC 11/25/15: MPCTAC (electronic vote) 12/09/15: QIC
12/01/15	Review for effective date 02/01/16. Clarified text in the Medical Policy and Limitations section without changing criteria. Updated the Summary and Definitions sections.	02/01/16 Version 14	12/16/15: MPCTAC 01/13/16: QIC
12/01/16	Review for effective date 02/01/17. Industry-wide revisions of applicable codes. Clarified existing criteria in the Medical Policy Statement section. Updated Clinical Background Information, References, and References to Applicable Laws and Regulations sections. Plan note added to the Applicable Coding section.	02/01/17 Version 15	12/21/16: MPCTAC 01/11/17: QIC
12/01/17	Review for effective 01/01/18. Industry-wide updates to codes included in the Applicable Coding section. Annual review of policy with administrative changes made to the Definitions and Reference sections.	01/01/18 Version 16	12/20/17: MPCTAC

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Policy Revisions History

11/01/18	Review for effective date 12/01/18. Administrative changes made to the Policy Summary, Medical Policy Statement, Limitations, Definitions, References, Other Applicable Policies, and Reference to Applicable Laws and Regulations sections.	12/01/18 Version 17	11/21/18: MPCTAC
03/01/19	Review for effective date 06/01/19. Updated criteria in the Medical Policy Statement. Administrative changes made to the Limitations section.	06/01/19 Version 18	03/20/19: MPCTAC
07/01/19	Review for effective date 10/01/19. Updated applicable code list to be consistent with the Plan's reimbursement guidelines.	10/01/19 Version 19	07/17/19: MPCTAC
12/01/19	Review for effective date 01/01/20. Industry-wide updates to codes included in the Applicable Coding section.	01/01/20 Version 20	Not applicable because industry-wide code changes
11/01/19	Review for effective date 02/01/20. Administrative changes made to the References and Reference to Applicable Laws and Regulations sections. Updated the applicable code list. Revised criteria in the Medical Policy Statement and Limitations sections.	02/01/20 Version 21 Renumbered to version 21 to implement industry-wide code updates effective 01/01/20 in version 20	11/20/19: MPCTAC
12/01/19	Review for effective 02/01/20. Industry-wide updates to codes included in the Applicable Coding section of the policy version effective 02/01/20.	02/01/20 Version 22	Not applicable because industry-wide code changes
12/01/19	Review for effective date 03/01/20. Revised in the Medical Policy Statement section the number of units/visits of outpatient physical therapy waived for prior authorization when the service is rendered by a provider who is certified in rendering PT services defined by scope of practice and certification.	03/01/20 Version 23	12/18/19: MPCTAC
01/01/20	Review for effective date 04/01/20. Administrative changes made to the Clinical Background Information and References sections.	04/01/20 Version 24	01/15/20: MPCTAC
11/01/20	Review for effective date 12/01/20. Administrative changes made to the Medical Policy Statement, Applicable Coding, References, and Reference to Applicable Laws and	12/01/20 Version 25	11/18/20: MPCTAC

Physical Therapy in the Outpatient Setting (for Boston Medical Center HealthNet Plan Products)

[†] Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Policy Revisions History

	Regulations sections.		
11/01/21	Review for effective date 12/01/21. Adopted new medical policy template; removed administrative sections, Medical Policy Statement section renamed Clinical Criteria section, and Limitations section renamed Limitations and Exclusions section. Administrative changes made to the Policy Summary and References sections. Medical policy criteria retired and InterQual criteria will continue to be used to determine medical necessity.	12/01/21 Version 26	11/17/21: MPCTAC

Next Review Date

11/01/22

Authorizing Entity

MPCTAC

Disclaimer Information:+

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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