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Clinical guidelines Outpatient Occupational Therapy	Original Date: Page 1 of “FOR CMS (MEDICARE) MEMBERS ONLY”
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“FOR CMS (MEDICARE) MEMBERS ONLY

Background

Occupational therapy (OT) is an integral component of rehabilitative services in the areas of physical, cognitive and psychosocial impairment. Occupational therapy is based on purposeful, goal directed activity (occupation). The goal of occupational therapy is to prevent, improve or restore physical and/or cognitive impairment following disease or injury. Occupational therapists utilize clinical history, observation, interview, standardized testing and assessment of activities of daily living skills, work skills, and leisure skills to characterize individuals with impairments, functional limitations and disabilities. The results of these assessments are used to identify structural impairments and functional limitations and to design an individualized plan of treatment to assist in improving or restoring function. All occupational therapy services must be performed by or under the supervision of a qualified occupational therapist.

Coverage Indications:

GENERAL OCCUPATIONAL THERAPY GUIDELINES

1. Occupational therapy services are covered services provided the services are of a level of complexity and sophistication, or the patient's condition is such that the services can be safely and effectively performed only by a licensed occupational therapist or under his/her supervision. Services normally considered a routine part of nursing care are not covered as occupational therapy (i.e., provide ADLs for patient with no rehabilitation potential).
2. In order for the plan of treatment to be covered, it must address a condition for which occupational therapy is an accepted method of treatment as defined by standards of medical practice. Also, the plan of treatment must be for a condition that is expected to improve significantly within a reasonable and generally predictable period of time or establishes a safe and effective maintenance program. If at any point in the treatment of an illness or injury 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 and are excluded from coverage.

3. Covered occupational therapy services must be furnished while the individual is or was under the care of a physician. Services must relate directly and specifically to a written plan of treatment. The plan of treatment should address specific therapeutic goals for which modalities and procedures are planned out specifically in terms of type, frequency and duration. The physician or nonphysician practitioner should periodically review the plan of treatment.
4. The physician, nonphysician practitioner and/or therapist must document the patient's functional limitations in terms that are objective and measurable. *Documentation serves as the means by which a provider would be able to establish and a contractor would be able to confirm that skilled care is, in fact, needed and received in a given case.*
5. Rehabilitation services for vision impairment: The coverage criteria and definition of rehabilitation services for beneficiaries with vision impairment are found in Program Memorandum, Transmittal AB-02-078, dated May 29, 2002, Change Request 2083.

SPECIFIC PROCEDURE AND MODALITY GUIDELINES

Computerized Dynamic Posturography (CPT code 92548)

Computerized dynamic posturography is a "quantitative method for assessing balance functioning under various simulated tasks. Protocols are designed to test the sensory, motor and biomechanical components of balance individually and in concert." Computerized dynamic posturography "may assist with lesion localization, identifying adaptive strategies and functional capabilities."

***Note:** Results of computerized dynamic posturography must be used in determining the patient centered plan of care.

Fabrication/Application of Casts, Splints and Strapping (CPT codes- see below)

Fabrication and application of casts, splints, and strapping will be considered reasonable and necessary if used to support weak, post surgical or ineffective joints/muscles, for facilitating increased motor response, to assist in compensation in a permanent loss of motor function, reduce/correct joint limitations/deformities and/or protect body parts from injury, thus enhancing the performance of tasks or movements. The casts, splints and strapping are often used in conjunction with therapeutic exercise, functional training, other interventions, and should be selected in the context of patient's needs, social/culture environments, Basic Activities of Daily Living (BADL) and Instrumental Activities of Daily Living (IADL).

Note: When identifying orthotics fitting and training see CPT code 97760.

BODY AND UPPER EXTREMITY CASTS

Application of long arm cast (CPT code 29065)



May be indicated for the shoulder and/or elbow in the treatment of fractures, dislocations, sprains/strains, tendonitis, post-op reconstruction, treatment of spasticity, contractures and/or other deformities involving soft tissue.

Application of short arm cast (CPT code 29075)

May be indicated for the forearm, wrist, and/or elbow in the treatment of fractures, dislocations, sprains/strains, tendonitis, post-op reconstruction, treatment of spasticity, contractures and/or other deformities involving soft tissue.

Application of hand and lower forearm cast (CPT code 29085)

May be indicated for the forearm, wrist, and/or hand in the treatment of fractures, dislocations, sprains/strains, tendonitis, post-op reconstruction, treatment of spasticity, contractures and/or other deformities involving soft tissue.

Application of finger cast (eg, contracture) (CPT code 29086)

May be indicated for the finger in the treatment of fractures, dislocations, sprains/strains, tendonitis, post-op reconstruction, treatment of spasticity, contractures and/or other deformities involving soft tissue.

SPLINTS

Application of long arm splint (CPT code 29105)

May be indicated for the shoulder and/or elbow in the treatment of fractures, dislocations, sprains/strains, tendonitis, post-op reconstruction, treatment of spasticity, contractures or other deformities involving soft tissue.

Application of short arm splint (CPT code 29125 and 29126)

May be indicated for the forearm, wrist and/or hand in the treatment of fractures, dislocations, sprain/strains, tendonitis, post-op reconstruction, treatment of spasticity, contractures or other deformities involving soft tissue.

Application of finger splint (CPT code 29130 and 29131)

May be indicated for the finger in the treatment of fractures, dislocations, sprains/strains, tendonitis, post-op reconstruction, treatment of spasticity, contractures or other deformities involving soft tissue.

STRAPPING-ANYAGE

Strapping of thorax (CPT code 29200)



May be indicated for the thoracic spine, lumbar spine, rib cage or abdominal musculature in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, contractures, or other deformities involving soft tissue.

Strapping of low back (CPT code 29799)

May be indicated for the lumbar spine, rib cage or abdominal musculature in the treatment of contusions, dislocations, fractures, sprain/strains, post-op conditions, neuromuscular conditions, contractures or other deformities involving soft tissue.

Strapping of shoulder (e.g. Velpeau) (CPT code 29240)

May be indicated for any portion of the shoulder girdle complex, or rib cage in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, contractures or other deformities involving soft tissue.

Strapping of elbow or wrist (CPT code 29260)

May be indicated for the elbow or wrist when there is involvement of the humerus, forearm, wrist, or hand in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, edema, scar management, contractures or other deformities involving soft tissue.

Strapping of hand or finger (CPT code 29280)

May be indicated where there is involvement of the hand or finger(s) in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, edema, scar management, contractures or other deformities involving soft tissue.

LOWER EXTREMITY CASTS

Application of long leg cast (CPT code 29345 and 29365)

May be indicated when there is involvement of the femur, patella, tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Application of short leg cast (CPT code 29405)

May be indicated when there is involvement of the tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

SPLINTS

Application of long leg splint (CPT code 29505)



May be indicated when there is involvement of the femur, patella, tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Application of short leg splint (CPT code 29515)

May be indicated when there is involvement of the tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

STRAPPING ANY AGE

Strapping of hip (CPT code 29520)

May be indicated when there is involvement of the lower back, abdomen or hip in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, contractures or other deformities involving soft tissue.

Strapping of knee (CPT code 29530)

May be indicated when there is involvement of the thigh, knee or lower leg in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, contractures or other deformities involving soft tissue.

Strapping of ankle and/or foot (CPT code 29540)

May be indicated when there is involvement of the lower leg, ankle and/or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, contractures or other deformities involving soft tissue.

Strapping of toes (CPT code 29550)

May be indicated when there is involvement of any of the toes in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, neuromuscular conditions, contractures or other deformities involving soft tissue.

Biofeedback Training by any method and biofeedback training perineal muscles, anorectal or urethral sphincter including EMG and/or manometry (CPT code 90901 and 90911)

The coverage criteria and definition of biofeedback therapy are found in the CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, §§30.1 and 30.1.1.

"Biofeedback is a tool utilized by occupational therapists to assist with muscle training. This includes facilitation of muscles that are demonstrating suboptimal performance as well as



relaxation of muscles that may be inhibiting coordinated movement. Biofeedback can be visual or auditory."

Evaluation of oral and pharyngeal swallowing function (CPT code 92610)

The evaluation of oropharyngeal swallowing dysfunction includes the phases of oral preparatory, oral/voluntary and pharyngeal in reference to oral and motility problems in the oral cavity and pharynx.

The clinical examination may include:

- a) a history of the patient's disorder and awareness of the swallowing disorder, and indications of the localization and nature of the disorder
- b) medical status including nutritional and respiratory status
- c) oral anatomy/physiology (labial control, lingual control, palatal function)
- d) pharyngeal function
- e) laryngeal function
- f) ability to follow directions; alertness
- g) efforts and interventions used to facilitate normal swallow; (compensatory strategies such as chin tuck, dietary changes, etc.)
- h) identifying symptoms during attempts to swallow

The clinical examination can be divided into two phases:

1. The preparatory examination with no swallow, and
2. The initial swallow examination with actual swallow while physiology is observed.

Note: Based on the findings, an instrumental exam may be recommended.

Treatment of swallowing dysfunction and/or oral function for feeding (CPT code 92526)

This involves the treatment for the impairments/functional limitations of mastication, the preparatory phase, oral phase, pharyngeal phase, and esophageal phase of swallowing. Appropriate recommendations will be made regarding diet and compensatory techniques and instruction given in direct/indirect therapies to facilitate oral motor control for feeding.

Muscle testing, manual (CPT codes 95831-95834)

The series of codes 95831-95834 "are intended to report manual test of muscles or muscle



groups for strength based on grading scales."

Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report (CPT code 95831)

To use this code for extremity manual muscle testing, every muscle of at least one extremity would need to be tested, with documentation of why such a thorough assessment was warranted.

Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side (CPT code 95832)

Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands or including hands (CPT code 95833 and 95834)

The measurement of muscle performance using manual muscle testing only.

Range of Motion Measurements (CPT code 95851 and 95852)

This is the determination of range of motion using a tape measure, flexible ruler, electronic device or goniometer.

To use CPT code 95851 for extremity range of motion testing, every joint of an extremity would need to be tested, with documentation of why such a thorough assessment was warranted.

Developmental Testing; with interpretation and report (CPT code 96111)

CPT code 96111 is an assessment/ test code used to report the services provided during testing of the cognitive function of the central nervous system. Extended testing *includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, with interpretation and report.*

Standardized Cognitive Performance Testing (CPT 96125)

Neuropsychological Testing (eg. Ross Information Processing Assessment, LOTCA-Loewenstein Occupational Therapy Cognitive Assessment, MVPT - Motor-Free Visual Perception Test, ACL - Allen Cognitive Test), *per hour of the Occupational Therapist's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.* This is usually done outside the OTs initial evaluation/re-evaluation.

Occupational Therapy Evaluation-CPT code 97165 (low complexity), 97166 (moderate complexity), 97167 (high complexity) and Occupational Therapy Re-evaluation (CPT code 97168)



Evaluation is a comprehensive service that requires professional skills to make clinical judgments about conditions for which services are indicated based on objective measurements and subjective evaluations of patient performance and functional abilities. Evaluation is warranted e.g., for a new diagnosis or when a condition is treated in a new setting. These evaluative judgments are essential to development of the plan of care, including goals and the selection of interventions. The time spent in evaluation does not count as treatment time.

1. The initial examination has the following components:
 - a. The patient history to include prior level of function
 - b. Relevant systems review
 - c. Tests and measures
 - d. Current functional status (abilities and deficits)
 - e. Evaluation of patient's, physician's, nonphysician practitioner's and as appropriate the caregiver's goals
2. Factors that influence the complexity of the examination and evaluation process include the clinical findings, extent and duration of loss of function, prior functional level, social/environmental considerations, educational level, and the patient's overall physical and cognitive health status. Thus, the evaluation reflects the chronicity or severity of the current problem, the possibility of multi-site or multi-system involvement, the presence of preexisting systemic conditions or diseases, and the stability of the condition. Occupational therapists also consider the level of the current impairments and the probability of prolonged impairment, functional limitation, disability, the living environment, prior level of function, the social/cultural supports, psychosocial factors, and use of adaptive equipment.
3. Initial evaluations or reevaluations may be determined reasonable and necessary even when the evaluation determines that skilled rehabilitation is not required if the patient's condition showed a need for an evaluation, or even if the goals established by the plan of treatment are not realized.
4. Reevaluation is periodically indicated during an episode of care when the professional assessment indicates a significant improvement or decline in the patient's condition or functional status that was not anticipated in the plan of care. Some regulations and state practice acts require reevaluation at specific intervals. A reevaluation is focused on evaluation of progress toward current goals and making a professional judgment about continued care, modifying goals, and/or treatment or terminating services. Occupational therapist assistants may assist the occupational therapist in a reevaluation within their scope of practice by gathering objective data, tests, measurements, etc; however, the occupational therapist must actively and personally participate in the reevaluation and is responsible for the assessment and the plan of care.
5. A reevaluation may be appropriate prior to a planned discharge for the purposes of determining whether goals have been met, or for the use of the physician or the treatment setting at which treatment will be continued.

MAINTENANCE PROGRAMS



MAINTENANCE PROGRAM (MP) means a program established by a therapist that consists of activities and/or mechanisms that will assist a beneficiary in maximizing or maintaining the progress he or she has made during therapy or to prevent or slow further deterioration due to a disease or illness.

Skilled therapy services that do not meet the criteria for rehabilitative therapy may be covered in certain circumstances as maintenance therapy under a maintenance program. The goals of a maintenance program would be, for example, to maintain functional status or to prevent or slow further deterioration in function.

Coverage for skilled therapy services related to a reasonable and necessary maintenance program is available in the following circumstances:

- *Establishment or design of maintenance programs. If the specialized skill, knowledge and judgment of a qualified therapist are required to establish or design a maintenance program to maintain the patient's current condition or to prevent or slow further deterioration, the establishment or design of a maintenance program by a qualified therapist is covered. If skilled therapy services by a qualified therapist are needed to instruct the patient or appropriate caregiver regarding the maintenance program, such instruction is covered. If skilled therapy services are needed for periodic reevaluations or reassessments of the maintenance program, such periodic reevaluations or reassessments are covered.*
- *Delivery of maintenance programs. Once a maintenance program is established, coverage of therapy services to carry out a maintenance program turns on the beneficiary's need for skilled care. A maintenance program can generally be performed by the beneficiary alone or with the assistance of a family member, caregiver or unskilled personnel. In such situations, coverage is not provided. However, skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist are necessary for the performance of safe and effective services in a maintenance program. Such skilled care is necessary for the performance of a safe and effective maintenance program only when (a) the therapy procedures required to maintain the patient's current function or to prevent*
- *or slow further deterioration are of such complexity and sophistication that the skills of a qualified therapist are required to furnish the therapy procedure or (b) the particular patient's special medical complications require the skills of a qualified therapist to furnish a therapy service required to maintain the patient's current function or to prevent or slow further deterioration, even if the skills of a therapist are not ordinarily needed to perform such therapy procedures. Unlike coverage for rehabilitation therapy, coverage of therapy services to carry out a maintenance program does not depend on the presence or absence of the patient's potential for improvement from the therapy.*

The deciding factors are always whether the services are considered reasonable, effective treatments for the patient's condition and require the skills of a therapist, or whether they



can be safely and effectively carried out by nonskilled personnel or caregivers.

Hot or Cold Packs Therapy (CPT code 97010)

1. Hot or cold packs are used primarily in conjunction with therapeutic procedures to provide analgesia, relieve muscle spasm and reduce inflammation and edema. Typically, cold packs are used for acute, painful conditions, and hot packs are used for subacute or chronic painful conditions.
2. The payment for hot or cold packs is bundled into the payment for other covered services and is not reimbursable.
3. Ice massage should be reported using this code.

Mechanical Traction Therapy (CPT code 97012)

1. Traction is generally limited to the cervical or lumbar spine with the hope of relieving pain in or originating from those areas.
2. Specific indications for the use of mechanical traction include:
 - a) Cervical and/or lumbar radiculopathy
 - b) Back disorders such as disc herniation, lumbago, and sciatica

Vasopneumatic Device Therapy (CPT code 97016)

1. The use of vasopneumatic devices may be considered reasonable and necessary for the application of pressure to an extremity for the purpose of reducing edema.
2. Specific indications for the use of vasopneumatic devices include:
 - a) Reduction of edema after acute injury
 - b) Lymphedema of an extremity
 - c) Education and training on the use of vasopneumatic devices for home use

Note: Further treatment on the use of vasopneumatic devices by occupational therapists, after the education and training visits, is usually not reasonable and necessary. Generally, education and training can be completed in three visits.

Paraffin Bath (CPT code 97018)

Paraffin bath, also known as hot wax treatment, is primarily used for pain relief in chronic joint problems or the wrist, hands, and feet.

Heat treatments of this type do not ordinarily require the skills of a qualified occupational



therapist. However, in a particular case, the skills, knowledge and judgment of a qualified occupational therapist might be required in such treatments or baths, *e.g., where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures, or other complications*. Also, if such treatments are given prior to but as an integral part of a skilled occupational therapy procedure, the treatments would be considered part of the occupational therapy service.

Whirlpool (CPT code 97022)/Hubbard Tank (CPT code 97036)

1. Heat treatments of this type and whirlpool baths do not ordinarily require the skills of a qualified occupational therapist. However, in a particular case, the skills, knowledge and judgment of a qualified occupational therapist might be required in such treatments or baths, *e.g., where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures, or other complications*. Also, if such treatments are given prior to but as an integral part of a skilled occupational therapy procedure, the treatment would be considered part of the skilled occupational therapy service.
2. Whirlpool bath and Hubbard Tanks are the most common forms of hydrotherapy. The use of whirlpool is considered reasonable and necessary when used as part of a plan directed at facilitating the healing of an open wound (e.g., burns).
3. Specific indications for the use of whirlpools include the following:
 - a) The patient having a documented open wound which is draining, has a foul odor, or evidence of necrotic tissue;
 - b) The patient having a documented need for wound debridement/bandage removal;
 - c) Exfoliative skin impairments.

Fluidized Therapy Dry Heat For Certain Musculoskeletal Disorders (Dry Whirlpool)

The coverage criteria and definition of fluidized therapy dry heat (dry whirlpool) are found in the CMS Internet- Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §150.8

Diathermy Treatment (CPT code 97024)

Diathermy coverage criteria and definition are found in the CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §150.5 and Part 4, §240.3

Infrared Therapy Devices (CPT code 97026)

Noncoverage of Infrared Therapy Devices is described in the CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §270.6



Electrical Stimulation (CPT codes 64550 and 97032, HCPCS code G0283)

CPT code 97032 requires "visual, verbal and/or manual contact" (i.e. constant attendance). A separate CPT code 64550 is available for "initial application of a TENS unit in which electrodes are placed on the skin" for patients that will be operating the TENS unit at home.

TENS is not reasonable and necessary for the treatment of Chronic Low Back Pain (CLBP) under §1862(a)(1)(A) of the Act.

Electrical Stimulation (ES) Therapy-Unattended (HCPCS G0281)

Electrical Stimulation Therapy and definition are found in the CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §270.1

Electromagnetic Therapy (HCPCS G0329)

Electromagnetic therapy criteria and definition are found in the CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §270.1

Iontophoresis Application (CPT code 97033)

1. Iontophoresis is a process in which electrically charged molecules or atoms (i. e., ions) are driven into tissue with an electrical field. Voltage provides the driving force. Parameters such as drug polarity and electrophoretic mobility must be known in order to be able to assess whether iontophoresis can deliver therapeutic concentrations of a medication at sites below the skin.
2. The application of iontophoresis is considered reasonable and necessary for the topical delivery of medications into a specific area of the body.
3. Specific indications for the use of iontophoresis application may include but are not limited to patients having:
 - a) tendonitis or calcific tendonitis
 - b) bursitis
 - c) adhesive capsulitis
 - d) hyperhidrosis
 - e) thick adhesive scar(s)

Contrast Baths (CPT code 97034)

1. Contrast baths are a special form of therapeutic heat and cold that can be applied to



distal extremities. The effectiveness of contrast baths is thought to be due to reflex hyperemia produced by the alternating exposure to heat and cold. Although a variety of applications are possible, contrast baths often are used in treatment to decrease edema and inflammation.

2. The use of contrast baths is considered reasonable and necessary to desensitize patients to pain by reflex hyperemia produced by the alternating exposure to heat and cold.
3. Specific indications for the use of contrast baths include:
 - a) The patient having rheumatoid arthritis or other inflammatory arthritis
 - b) The patient having reflex sympathetic dystrophy
 - c) The patient having a sprain or strain resulting from an acute injury
4. Heat treatments of this type and contrast baths do not ordinarily require the skills of a qualified occupational therapist. However, in a particular case, the skills, knowledge and judgment of a qualified occupational therapist might be required in such treatments or baths, *e.g., where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures, or other complications*. If such treatments were given prior to but as an integral part of a skilled occupational therapy procedure, the treatment would be considered part of the skilled occupational therapy service.

Ultrasound (CPT code 97035)

1. Therapeutic ultrasound is a deep heating modality that produces a sound wave of 0.8 to 3.0 MHz. In the human body, ultrasound has several pronounced effects on biologic tissues. It is attenuated by certain tissues and reflected by bone. Thus, tissues lying immediately next to bone can receive an even greater dosage of ultrasound, as much as 30% more. Because of the increased extensibility ultrasound produces in tissues of high collagen content, combined with the close proximity of joint capsules, tendons, and ligaments to cortical bone where they receive a more intense irradiation, it is an ideal modality for increasing mobility in those tissues with restricted range of motion.
2. The application of ultrasound is considered reasonable and necessary for patients requiring deep heat to a specific area for reduction of pain, spasm, and joint stiffness, and the increase of muscle, tendon and ligament flexibility.
3. Specific indications for the use of ultrasound application include:
 - a) The patient having tightened structures limiting joint motion that require an increase in extensibility
 - b) The patient having symptomatic soft tissue calcification

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- c) The patient having neuromas

Note: Ultrasound is **not** considered to be reasonable and necessary for the treatment of asthma, bronchitis or any other pulmonary condition.

GENERAL GUIDELINES FOR THERAPEUTIC PROCEDURES:

1. Therapeutic procedures are procedures that attempt to reduce impairments and improve function through the application of clinical skills and/or services.
2. Use of these procedures requires that these services be rendered under the supervision of an occupational therapist.
3. Therapeutic exercises and neuromuscular reeducation are examples of therapeutic interventions. The expected goals documented in the written plan of treatment, effected by the use of each of these procedures, will help define whether these procedures are reasonable and necessary. Therefore, since any one or a combination of more than one of these procedures may be used in a written plan of treatment, documentation must support the use of each procedure as it relates to a specific therapeutic goal.
4. Services provided concurrently by an occupational therapist, physical therapist and speech therapist may be covered, if separate and distinct goals are documented in the written plan of treatment.
5. Require (one on one) direct patient contact, unless otherwise stated (i.e., 97150-group therapy).

Therapeutic Exercise (CPT code 97110)

1. Therapeutic exercise is performed with a patient either actively, active-assisted, or passively participating (e.g., isokinetic exercise, stretching, strengthening and gross and fine motor movement).
2. An occupational therapist may use this code when addressing impairments of exercise tolerance due to cardiopulmonary impairments. Therapeutic exercise with an individualized physical conditioning and exercise program using proper breathing techniques can be considered for a patient with activity limitations secondary to cardiopulmonary impairments.
3. Therapeutic exercise is considered reasonable and necessary if at least one of the following conditions is present and documented:
 - a. The patient having weakness, contracture, stiffness secondary to spasm, spasticity, decreased joint range of motion, functional mobility deficits, balance and/or coordination deficits, abnormal posture, muscle imbalance

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- b. The patient needing to improve mobility, flexibility, strengthening, coordination, control of extremities, dexterity, range of motion, or endurance as part of activities of daily living training, or reeducation
4. Documentation for therapeutic exercise typically includes objective loss of joint motion, strength, and /or mobility (e.g., degrees of motion, strength grades, levels of assistance).

Neuromuscular Reeducation (CPT code 97112)

1. This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, motor planning, body awareness, and proprioception (e.g., proprioceptive neuromuscular facilitation, Feldenkrais, Bobath).
2. Neuromuscular reeducation may be considered reasonable and necessary for impairments, which affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, desensitization, proprioception, hypo/hypersensitivity, hypo/hypertonicity, and neglect).

Aquatic Therapy with Therapeutic Exercises (CPT code 97113)

"Aquatic therapy describes therapeutic exercises performed in a water-based environment. The properties and temperature of the water facilitate movement, particularly for muscles that are compromised due to injury, surgery, or disease (e.g., polio, rheumatoid arthritis, multiple sclerosis, joint arthroplasty)." It is important for the occupational therapist to document the need for exercises performed in a water-environment vs land-based exercises. There should be a plan for transitioning from water-based exercises to land-based exercises.

1. This procedure uses the therapeutic properties of water (e.g., buoyancy, resistance). The procedure may be reasonable and necessary for a loss or restriction of joint motion, strength, or mobility (e.g., degrees or motion, strength grades, levels of assistance).
2. Aquatic therapy with therapeutic exercise may be considered reasonable and necessary in the treatment of the following conditions:
 - a) The patient having pain, joint stiffness or muscle spasms resulting from rheumatoid arthritis
 - b) The patient having had a cast removed or recent surgery and requiring mobilization of limbs
 - c) The patient having paraparesis or hemiparesis
 - d) The patient having a recent amputation
 - e) The patient recovery from a paralytic condition

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- f) The patient requiring limb mobilization after a head trauma
 - g) The patient having the inability to tolerate exercise for rehabilitation under gravity based weight bearing
 - h) The patient having fibromyalgia

Note: Aquatic therapy with therapeutic exercise (CPT code 97113) should not be billed in situations where no exercise is being performed in the water environment (e.g., debridement of ulcers).

Massage Therapy (CPT code 97124)

1. Massage is the application of systemic manipulation to the soft tissues of the body for therapeutic purposes. Although various assistive devices and electrical equipment are available for the purpose of delivering massage, use of the hands is considered the most effective method of application, because palpation can be used as an assessment as well as a treatment tool.
2. Massage therapy, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion) may be considered reasonable and necessary if at least one of the following conditions is present and documented:
 - a) The patient having paralyzed musculature contributing to impaired circulation
 - b) The patient having sensitivity of tissues to pressure
 - c) The patient having tight muscles resulting in shortening and/or spasticity of affective muscles
 - d) The patient having abnormal adherence of tissue to surrounding tissue
 - e) The patient requiring relaxation in preparation for neuromuscular reeducation or therapeutic exercise
 - f) The patient having contractures and decreased range of motion

Manual Therapy Techniques (CPT code 97140)

1. Joint Mobilization (Peripheral or Spinal)

This procedure may be considered reasonable and necessary if restricted joint motion is present and documented. It may be reasonable and necessary as an adjunct to therapeutic exercises when loss of articular motion and flexibility impedes the therapeutic procedure.



2. Soft Tissue Mobilization

This procedure involves the application of skilled manual therapy techniques (active or passive) to soft tissues in order to effect changes in the soft tissues, articular structures, neural or vascular systems. Examples are facilitation of fluid exchange, restoration of movement in acutely edematous muscles, or stretching of shortened muscular or connective tissue.

Myofascial release/soft tissue mobilization can be considered reasonable and necessary if at least one of the following conditions is present and documented:

- a) The patient having restricted joint or soft tissue motion in an extremity, neck or trunk
- b) treatment being a necessary adjunct to other occupational therapy interventions such as 97110, 97112 or 97530

3. Manipulation

This procedure may be considered reasonable and necessary for treatment of painful spasm, the loss of articular motion, or restricted motion of soft tissues or joints. It may also be used as an adjunct to other therapeutic procedures such as 97110, 97112 or 97530.

4. Manual Lymphatic Drainage/Complex Decongestive Physiotherapy

The goal of this type of therapy is to reduce lymphedema by routing the fluid to functional pathways, preventing backflow as the new routes become established, and to use the most appropriate methods to maintain the reduction after therapy is complete. This therapy involves intensive treatment to reduce the size by a combination of manual decongestive therapy and serial compression bandaging, followed by an exercise program.

- a) It is expected that during these sessions, education is being provided to the patient and/or caregiver on the correct application of the compression bandage;
- b) It is also expected that after the completion of the therapy, the patient and/or caregiver can perform these activities without supervision.

Group Therapeutic Procedure(s)(CPT code 97150)

A group for the purpose of performing group therapy will be defined as:

- a) Two or more patients per therapist receiving active therapy but not one on one treatment and
- b) the patients may be performing the same exercise or a different exercise but the



occupational therapist is instructing all the patients in the group.

Note: Regardless of the procedure or modality being performed, if the patient is not receiving direct one on one contact but is being supervised by the therapist, the group therapy code should be used.

Orthotics Training (CPT code 97760)

For entities subject to this policy, assessment of the patient regarding the orthotic, measurement and/or fitting, supplies to fabricate or modify the orthotic, and time associated with making the orthotic should not be reported with CPT code 97760, unless the entities are certain that duplicate payments will not be made to DMEPOS suppliers using the "L" code.

1. This procedure may be considered reasonable and necessary, if there is an indication for education for the application of orthotics, and the functional use of the orthotic is present and documented.
2. Generally, orthotic training can be completed in three visits; however, for modification of the orthotic due to healing of tissues, change in edema, or impairment in skin integrity, additional visits may be required.
3. The medical record should document the distinct treatments rendered when orthotic training for an upper and/or lower extremity is done.
4. The patient is capable of being trained to use the particular device prescribed in an appropriate manner. In some cases, the patient may not be able to perform this function, but a responsible individual can be trained to apply the device.

Prosthetic Training (CPT code 97761)

1. This procedure and training may be considered reasonable and necessary, if there is an indication for education in the application of the prosthesis, and the functional use of the prosthesis is present and documented.
2. The medical record should document the distinct goals and service rendered when prosthetic training for an upper and/or lower extremity is done.
3. Periodic revisits beyond the third month would require documentation to support medical necessity.

Orthotic/Prosthetic Checkout (CPT Code 97763)

1. These assessments are reasonable and necessary when there is a modification or reissue of a recently issued device or a reassessment of a newly issued device.
2. These assessments may be reasonable and necessary when patients experience a loss of



function directly related to the device (e.g., pain, skin breakdown, and falls).

3. These assessments may be reasonable and necessary for determining "the patients response to wearing the device, determining whether the patient is donning/doffing the device correctly, determining the patient's need for padding, underwrap, or socks and determining the patient's tolerance to any dynamic forces being applied."

Therapeutic Activities (CPT code 97530)

1. Therapeutic activities are considered reasonable and necessary for patients needing a broad range of rehabilitative techniques. Activities can be for a specific body part or could involve the entire body. This procedure involves the use of functional activities to improve performance in a progressive manner. The activities are usually directed at a loss or impairment of mobility, strength, balance, coordination or cognition. They require the skills of an occupational therapist and are designed to address a specific functional need of the patient. These dynamic activities must be part of an active written plan of treatment and be directed at a specific outcome.
2. In order for therapeutic activities to be covered, the following requirements must be met:
 - a) The patient having a condition for which therapeutic activities can reasonably be expected to restore or improve functioning;
 - b) The patient's condition being such that he/she is unable to perform therapeutic activities except under the supervision of an occupational therapist;
 - c) There being a clear correlation between the type of exercise performed and the patient's underlying medical condition for which the therapeutic activities were prescribed.

Cognitive Skills Development (CPT code G0515)

1. This procedure is reasonable and necessary for patients who have a disease or injury in which impairment of cognitive functioning is documented. Impaired functions may include but are not limited to:
 - ability to follow simple commands;
 - ability to focus on a task;
 - improve problem solving skills;
 - improve memory;
 - ability to follow numerous steps in a process;
 - ability to complete a logical sequence task;
 - "ability to organize parts of concepts or thoughts into a whole."
2. This procedure is reasonable and necessary only when it requires the skills of an occupational therapist and is designed to address specific needs of the patient and is part



of the written plan of care.

3. Treatment techniques utilized include but are not limited to: recall of information, tabletop graded activities focusing on attentional skills (e.g. cancellation tasks, mazes), graded processes in steps which the patient must follow to complete the task, and computer programs that focus on the above.
4. Development of cognitive skills must be reasonable and necessary to restore and improve functioning of the patient. Documentation must relate the training to expected functional goals that are attainable by the patient.
5. Services provided concurrently by physicians, nonphysician practitioners, occupational therapists and speech therapists may be covered, if separate and distinct goals are documented in the written plan of treatment.

Sensory Integrative Techniques (CPT code 97533)

The use of sensory integrative techniques is considered reasonable and necessary when patients must develop adaptive skills for sensory processing. When there has been a disruption of the auditory, vestibular, proprioceptive, tactile and/or visual system, interventions are required to assist the patient in remaining functional in their environment. The loss of sensory systems often compromises the safety of the patient; therefore therapy should provide adaptations that allow the patient to interact with their environment to promote well-being.

Self-Care/Home Management Training (CPT code 97535)

The coverage criteria of self-care/home management training is found in the CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 3, §170.1

"Self-care/home management training (97535) describes a group of interventions that focuses on activities of daily living skills and compensatory activities needed to achieve independence" *or adapt to an evolving deterioration in health and function.* " These include activities such as dressing, bathing, food preparation, and cooking. The patient/client may require adaptive equipment and/or assistive technology in the home environment. This code includes training the patient/client and/or caregiver in the use of the equipment."

This code should not be used globally for all home instructions. When instructing the patient in a self management program, use the code that best describes the focus of the self management activity.

Community/Work Reintegration Training (CPT codes 97537)

Services that are related **solely** to specific employment opportunities, work skills, or work settings are not reasonable and necessary for the diagnosis and treatment of an illness or



injury and are excluded from coverage by section 1862(a)(1) of the Social Security Act.

Services that are covered include complex IADLs a person must do to maintain independence in the community. These tasks involve interaction with the physical and social environment. Examples of these activities may include telephone skills, written communication, handling mail, use of money, shopping, emergency procedure use/skills and use of assistive technology device/adaptive equipment. This service is only covered when the skilled intervention of occupational therapy is required to achieve established goals.

Work Hardening/Conditioning (CPT codes 97545 and 97546)

"Work hardening and work conditioning (97545 and 97546) are different interventions. Work hardening is an interdisciplinary program that is focused on tasks required for a specific job and uses real or simulated work activities to restore physical, behavioral, and vocational functions. Work hardening addresses productivity, safety, physical tolerances, and worker behavior. In contrast, work conditioning describes a work-related, intensive treatment program designed to restore strength, flexibility, and function so that the patient/client can return to work." These interventions are not covered.

Wheelchair Management Training (CPT code 97542)

Wheelchair management "includes assessing if the patient/client needs a wheelchair, determining what kind of wheelchair is appropriate, including its size and components, measuring the patient/client to ensure proper fit, and fitting the patient/client into the chair once it is received. This code is also used for reporting the time associated with training the patient/client and/or caregiver in transfers in and out of the chair as well as propulsion on all surfaces. It is important for the therapist to provide instructions for safety so as not to risk skin breakdown or a fall."

1. This service trains the patient in functional activities that promote optimal safety, mobility and transfers. Patients who use wheelchairs for mobility may occasionally need skilled input on positioning to avoid pressure points, contractures, and other medical complications.
2. This procedure is reasonable and necessary only when it requires the skills of an occupational therapist and is designed to address specific needs of the patient, and must be part of an active written plan of treatment directed at a specific goal.
3. The patient and/or caregiver must have the capacity to learn from instructions.
4. Typically, three to four sessions should be sufficient to teach the patient and/or caregiver these skills.
5. When billing 97542 for wheelchair propulsion training, documentation should relate the training to expected functional goals that are attainable by the patient.



Wound Care Selective Debridement (CPT codes 97597 and 97598)

a) Debridement

Debridement is indicated whenever necrotic tissue is present on a documented open wound. Debridement may also be indicated in cases of abnormal wound repair. Debridement techniques usually progress from non-selective to selective but can be combined. Debridement will not be considered a reasonable and necessary procedure for a wound that is clean and free of necrotic tissue.

b) Conservative Sharp Debridement

Conservative sharp debridement is a minor procedure that requires no anesthesia and is performed on an outpatient basis. Scalpel, scissors, forceps and high-pressure waterjet may be used and only clearly identified devitalized tissue is removed. Generally, there is no bleeding associated with this procedure.

Wound(s) Care Non-Selective Debridement (CPT code 97602) and Negative Pressure Wound Therapy (CPT Codes 97605 and 97606)

a) Enzymatic Debridement

Debridement with topical enzymes is used when necrotic substances to be removed from a wound are protein, fibrin and collagen. The manufacturer's product insert contains indications, contraindications, precautions, dosage, and administration. It would be the clinician's responsibility to comply with the product insert/guidelines.

b) Autolytic Debridement

This type of debridement is indicated where manageable amounts of necrotic tissue are present, and there is no infection. Autolytic debridement occurs when the enzymes that are naturally found in wound fluids are sequestered under synthetic dressings. Autolytic debridement is contraindicated for wounds that contain infection.

c) Mechanical Debridement

Wet-to-moist dressings may be used with wounds that have a high percentage of necrotic tissue. Wet-to-moist dressings should be used cautiously as maceration of surrounding tissue may hinder healing.

Hydrotherapy and wound irrigation are also forms of mechanical debridement used to remove necrotic tissue. They also should be used cautiously, as maceration of surrounding tissue may hinder healing.



d) *Negative Pressure Wound Therapy*

Negative Pressure Wound Therapy is a non-invasive treatment by which controlled localized negative pressure is delivered to a wide variety of acute, sub-acute, and chronic wounds. Negative Pressure Wound Therapy should be used cautiously as maceration of surrounding tissue may hinder healing.

Physical Performance Test or Measurement (CPT code 97750)

This testing may be reasonable and necessary for patients with neurological or musculoskeletal conditions when such tests are needed to formulate or evaluate a specific written plan of treatment, or to determine a patient's functional capacity.

Assistive Technology Assessment (CPT code 97755)

This assessment requires professional skill to gather data by observation and patient inquiry and may include limited objective testing and measurement to make clinical judgments regarding the patient's condition(s).

Assessment determines, e.g., changes in the patient's status since the last visit and whether the planned procedure or service should be modified. Based on these assessment data, the professional may make judgment about progress toward goals and/or determine that a more complete evaluation or reevaluation is indicated.

Limitations:

N/A

Coding:

Included in the body of the policy

Reviewed / Approved by Caroline Carney, MD, Chief Medical Officer