MEDICAL POLICY

POLICY TITLE	PHYSICAL MEDICINE AND SPECIALIZED PHYSICAL MEDICINE TREATMENTS (OUTPATIENT)
POLICY NUMBER	MP- 8.001

Effective Date:	2/1/2023

I. POLICY

NOTE: Effective 2/1/2013, Capital Blue Cross adopted InterQual guidelines for Physical Therapy services. This policy only applies, therefore, to the treatment of conditions not listed in the InterQual Outpatient Rehabilitation guidelines or to specific services listed in this policy which are not addressed in the InterQual guidelines.

Physical medicine services may be considered **medically necessary** when the services are reasonable and necessary for the treatment of the individual's illness or injury and an expectation exists that the therapy will result in a significant and measurable improvement in the individual's level of functioning within a reasonable period of time (i.e., approximately 60 days). Physical medicine is designed to transfer responsibility to the patient or patient caregiver through education and instruction, so the patient or patient caregiver may continue therapy in the home setting. The patient must be under the care of a physician for a condition for which physical medicine treatment is medically necessary, reasonable, and appropriate. The services must be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition.

To assist the plan in determining coverage based on medical necessity, services must be provided by an appropriate healthcare provider or under the supervision of a healthcare provider and in accordance with a written plan of care as appropriate for the diagnosis. The plan of care should include:

- The patient's significant past history;
- Patient's diagnoses that require physical medicine services;
- Related physician orders;
- Therapy goals and potential for achievement, including measurable objectives and a reasonable estimate of when goals may be reached;
- Any contraindications;
- Patient's awareness and understanding of diagnoses, prognosis, treatment goals;
- Patient's willingness to participate in therapy
- When appropriate, the summary of treatment provided, and results achieved during previous periods of physical medicine services;

- Specifics of the modalities of treatment, including amount, frequency, and duration of activities.

Physical Medicine services are reviewed based upon medical necessity according to the criteria listed above and the degree of functional deficits.

Continued Therapy

After the initial authorization period (1st 4 weeks) the therapy provider and the referring physician shall confer (2-way communication) every 30 days. The therapist will provide a summary describing the individual's response to treatment and progress toward established goals. The referring physician will make a recommendation to continue or discontinue therapy. An evaluation and treatment plan is required for each ongoing authorization period (next 4 weeks).

Specialized Physical Medicine Treatments

Aquatic Therapy may be considered medically necessary when the therapy is done with continuous direct (one-to-one) patient contact.

Vestibular Rehabilitation Therapy for patients with vertigo, disequilibrium, and balance deficits may be considered **medically necessary** when **all** of the following criteria are met:

- The member has been diagnosed with a vestibular disorder or has undergone vestibular surgery (ablative); and
- The member has failed medical management to reduce symptoms (i.e., canalith repositioning, medication).

Vestibular rehabilitation for conditions other than described above is considered **not medically necessary**.

Sensory integration techniques are **investigational.** There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure. (Note: Sensory integration therapy investigational status **does not apply** to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008).

Miscellaneous Electrical Stimulation Modalities

The following miscellaneous electrical stimulation modalities are considered **investigational** for all conditions as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with these procedures:

- Horizontal Therapy (e.g., Hako-Med Machine)
- High Voltage Galvanic Stimulation (HVG)
- Premodulated Electrical Stimulation

Radiofrequency Therapy

Radiofrequency (e.g., MicroVas) therapy for the treatment of wounds, edema or plantar fasciitis is considered **investigational** as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Dry Hydrotherapy

The use of dry hydrotherapy massagers for the treatment of chronic pain conditions is considered investigational as there is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Note: Coverage exclusion [for maintenance therapy] does not apply to members/groups whose benefits are subject to the terms mandated in the Pennsylvania Act 62 of 2008, Section 635.2, Autism Spectrum Disorders Coverage. (See MP-2.304, Autism Spectrum Disorders.)

Cross-References:

MP 2.005 Non-Pharmacological Treatments of Hyperhidrosis
MP 2.304 Autism Spectrum Disorders
MP 4.013 Iontophoresis/Phonophoresis
MP 6.013 Pneumatic Compression Devices for Treatment of Lymphedema and Chronic Venous Insufficiency
MP 6.020 Transcutaneous Electrical Nerve Stimulation
MP 6.026 Durable Medical Equipment (DME) and supplies
MP 6.040 Cooling Devices Used in the Outpatient Setting
MP 6.044 End Diastolic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema
MP 6.045 Sympathetic Therapy for the Treatment of Pain
MP 6.046 Threshold Electrical Stimulation as a Treatment of Motor Disorders
MP 6.047 Interferential Current Stimulation
MP 6.048 Electrical Stimulation for the Treatment of Arthritis and Miscellaneous Conditions
MP 6.049 H-Wave Electrical Stimulation
MP 6.050 Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)
MP 6.051 Neuromuscular and Functional Neuromuscular Electrical Stimulation

MP 8.005 Cardiac Rehabilitation
MP 8.007 Cognitive Rehabilitation
MP 8.008 Outpatient Pulmonary Rehabilitation
MP 8.011 Sensory Integration and Auditory Integration Therapy

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO:

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies .

III. DESCRIPTION/BACKGROUND

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Physical Medicine is therapeutic exercise used to treat and to prevent the onset or slowing the progression of conditions resulting from injury and disease. The interventions focus on increasing strength and endurance, improving ambulation, and assisting the patient to perform the basic activities of daily living. Treatment may include active and passive modalities using a variety of techniques based upon biomechanical and neurophysiological principles.
Canalith repositioning is a non-surgical procedure that has been investigated as a technique to treat benign paroxysmal positional vertigo (BPPV). It involves a series of repositioning maneuvers, rotating the head and body, to relocate the canaliths (debris) into an area of the semi-circular canal where they remain stationary and harmless. There are two methods of canalith repositioning referred to as the Epley and Semont maneuvers. The treatment may be repeated during the same treatment session until no nystagmus is observed. These maneuvers are performed in an outpatient setting. A Clinical Practice Guideline on Benign Paroxysmal Positional Vertigo published in 2017 by the American Academy of Otolaryngology- Head and Neck Surgery also supported the use of canalith repositioning procedures (CRP) and vestibular rehabilitation (VR). Two separate statements in the guideline state that "Clinicians should treat, or refer to a clinician who can treat, patients with posterior canal BPPV with a CRP", and later "The clinician may offer VR in the treatment of BPPV."

Miscellaneous electrical stimulation modalities include horizontal therapy (e.g., Hako-Med machine), high voltage galvanic stimulation (HVG) and premodulated electrical stimulation. Horizontal therapy is a type of electrotherapy used in the treatment of osteoarthritis, with low frequency, variable intensity stimulatory frequencies and non-stimulatory, medium frequency alternating current therapies. High voltage galvanic stimulation (HVG) uses high voltage, pulse stimulation that is purported to reduce local edema, relax muscle spasms, increase local blood circulation, maintain, or increase range of motion, prevent or retard disuse atrophy, conduct muscle re-education, and affect immediate post-surgical stimulation of calf muscles to prevent thrombosis. The High Voltage Galvanic Stimulator (Control Solutions, Inc.) received 501(k) clearance from U.S. Food and Drug Administration (FDA) in June 2004. Premodulated electrical stimulation uses an amplitude modulated waveform.

It is expected that the physical medicine portion of the treatment would only last for one to two weeks, depending on the progress of the therapy. After that time, there should have been enough teaching and instruction that the care could be continued by the patient or patient caregiver in the home setting. The maximum benefits of treatment are not expected unless the patient continues treatment at home. It was noted in recent literature that manual lymphedema therapy is effective when performed for one hour three times per week.

Direct Physical Therapy Access refers to a physical therapist that has a certificate of authorization to practice physical therapy without a physician's referral. A certificate holder may treat a person without a referral as provided in the State Board Direct Access Regulations and Statute for up to 30 calendar days from the date of the first treatment. A physical therapist may not treat a person beyond 30 days from the date of the first treatment unless the person has obtained a referral from a licensed physician, dentist, or podiatrist. The date of the first treatment is the date the person is treated by any physical therapist treating without a referral.

A certificate holder may not treat a condition in any person which is a non-neurologic, non-muscular or non-skeletal condition or treat a person who has an acute cardiac or acute pulmonary condition unless the certificate holder has consulted with the person's licensed physician, dentist or podiatrist regarding the person's condition and the physical therapy treatment plan or has referred the person to a licensed physician, dentist or podiatrist for diagnosis and referral. The certificate of authorization shall be displayed by the certificate holder in a manner conspicuous to the public. The renewal of the certificate of authorization shall coincide with the renewal of the license of the licensee.

Dry hydrotherapy, also known as hydromassage or aquamassage, is a massage treatment modality that circulates streams of heated, pressurized water in a self-contained device such as a bed or chair. The individual remains clothed and dry as they sit or lie on top of a waterproof barrier containing rotating and pulsating interior jets. Purported benefits of dry hydrotherapy include alleviation of pain, increased blood circulation, improved range of motion, deep relaxation, and reduction of stress and anxiety. Use of dry hydrotherapy has also been suggested to reduce the need for other interventions, by combining the effects of traditional wet hydrotherapy, massage therapy, acupressure, heat therapy, soft tissue manipulation, and trigger point therapy without the need for additional health staff.

Specific physiological effects claimed on the Sidmar manufacturer site for its hydromassage tables include purported physiological effects stemming from application of radiant heat and massage. Purported physiologic effects of radiant heat include analgesic, antispasmodic, decongestive, sedative, and vasodilatory properties, leading to reduced pain, increased relaxation, enhanced capillary blood flow, decreased spasticity, tenderness, and spasm, and increased rates of healing. Purported benefits of massage include increased local blood supply, increased lymphatic drainage and reduction of swelling, muscle relaxation, prevention of adhesions and fibrosis, decreased tendency toward muscle atrophy, and pain reduction and increased ease of mobility.

Examples of currently marketed dry hydrotherapy devices include but may not be limited to HydroMassage branded (previously AquaMED) beds and loungers (JTL Enterprises Inc.), Massage Time Pro S10 or ComfortWave S10 branded hydromassage tables (Sidmar Manufacturing Inc.), and SolaJet® Dry-Hydrotherapy Systems. There is no FDA approval required for these devices, only 510(k) clearance.

IV. DEFINITIONS

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BASIC ACTIVITIES OF DAILY LIVING include and are limited to walking in the home, eating, bathing, dressing, and homemaking.

BIOMECHANICS is the application of mechanical forces to living organisms and the investigation of the effects of the interaction of force and the body or system.

MAINTENANCE PROGRAM is a therapy program that consists of activities that preserve the patient's present level of function and prevents regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further progress is apparent or expected to occur.

NEUROPHYSIOLOGICAL TREATMENT APPROACH involves various techniques used in sensorimotor rehabilitation that rely on voluntary and inhibition of muscle action through the reflex arc.

SENSORIMOTOR THERAPY is therapy designed to enhance the integration of reflex phenomena and the emergence of voluntary motor behaviors concerned with posture and locomotion.

VESTIBULAR REHABILITATION is an alternative form of treatment involving specific exercises designed to (1) decrease dizziness; (2) increase balance function; (3) increase general activity levels. The exercise program is designed to promote central nervous system compensation for the inner ear deficits.

V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

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Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational; therefore, not covered:

Procedure Codes								
E1399	G0281	G0282	G0283	97014	97032	97533		

Covered when medically necessary:

Procedure Codes								
G0151	G0159	S8950	S9131	S9476	95992	97010	97012	97016
97018	97022	97024	97028	97034	97035	97036	97039	97110
97112	97113	97116	97124	97139	97140	97150	97161	97162
97163	97164	97530	97542	97750	97755	97760	97761	97763
97799								

- ***Specific diagnosis coding does not apply to this policy.***

VIII. REFERENCE

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1. *American Academy of Otolaryngology—Head and Neck Surgery. Clinical practice guideline: Benign paroxysmal positional vertigo; Update March 1, 2017. Alexandria, VA: American Academy of Otolaryngology—Head and Neck Surgery https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/bppv/ Accessed August 22, 2022.*
2. *APTA American Physical Therapy Association [Website]: http://www.apta.org/ Accessed August 22, 2022.*
3. *Furman J, Barton, J. Treatment of Vertigo: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate; updated August 7, 2018. [Website]: www.uptodate.com . Accessed August 22, 2022.*
4. *Mosby's Medical, Nursing and Allied Health Dictionary, 6th edition.*
5. *Pennsylvania Board of Physical Therapy – Rules and Regulations re: "Direct Access" [Website]: http://www.dos.state.pa.us/bpoa/cwp/view.asp?a=1104&q=433079 Accessed August 22, 2022.*
6. *Shumway-Cook A. Vestibular Rehabilitation. [Website]: 2022http://www.vestibular.org/index.php Accessed August 22, 2022.*
7. *VeDA. Vestibular Rehabilitation Therapy (VRT). [Website]: https://vestibular.org/understanding-vestibular-disorder/treatment/treatment-detail-page . Accessed August 22, 2022.*

8. *Sinha Y, Silove N, Hayen A et al. Auditory integration training and other sound therapies for autism spectrum disorders (ASD). Cochrane Database Syst Rev 2011; (12):CD003681.*
9. *Taber's Cyclopedic Medical Dictionary, 19th edition.*
10. *Zimmer M, Desch L. Sensory integration therapies for children with developmental and behavioral disorders. Pediatrics. 2012; 129(6):1186-9.*
11. *May-Benson TA, Koomar JA. Systematic review of the research evidence examining the effectiveness of interventions using a sensory integrative approach for children. Am J Occup Ther. May-Jun 2010;64(3):403-414. PMID 20608272*
12. *Dong R, Wu Y, Xu S, et al. Is aquatic exercise more effective than land-based exercise for knee osteoarthritis? Medicine (Baltimore). 2018;97(52):e13823. doi:10.1097/MD.0000000000013823*
13. *Bressi F, Vella P, Casale M, et al. Vestibular rehabilitation in benign paroxysmal positional vertigo: Reality or fiction? Int J Immunopathol Pharmacol. 2017;30(2):113–122. doi:10.1177/0394632017709917*
14. *Ahmad ET. High-voltage pulsed galvanic stimulation: effect of treatment duration on healing of chronic pressure ulcers. Ann Burns Fire Disasters. 2008;21(3):124–128.*
15. *Ozcan J, Ward AR, Robertson VJ. A comparison of true and premodulated interferential currents. Arch Phys Med Rehabil 2004;85:409-15*
16. *DE Domenico GG, Strauss GR. Motor stimulation with interferential currents. Aust J Physiother. 1985;31(6):225–230. doi:10.1016/S0004-9514(14)60636-X*
17. *Sidmar. Healthcare Data. 2022; https://sidmar.com/healthcare/healthcare-data/ . Accessed August 22, 2022.*
18. *HydroMassage. Featured Products. 2022; https://www.hydromassage.com/products/ . Accessed August 22, 2022.*
19. *Sidmar. Shop. 2022; https://sidmar.com/shop/ . Accessed August 22, 2022.*
20. *SolaJet. The SolaJet. 2021; https://www.solajet.com/products . Accessed August 22, 2022.*
21. *Washington State Department of Labor & Industries. AquaMED Technology Assessment. 1998; https://www.lni.wa.gov/patient-care/treating-patients/treatment-guidelines-and-resources/_docs/AquaMedTA.pdf . Accessed August 22, 2022.*
22. *Chiropractic Economics. AquaMED and HydroMassage announce brand integration. January 28, 2009; https://www.chiroeco.com/aquamed-and-hydromassage-announce-brand-integration/ . Accessed August 22, 2022.*
23. *HydroMassage. HydroMassage Benefits: Ways Water Massage Can Improve Wellness & Recovery. January 20, 2022; https://www.hydromassage.com/blog/hydromassage-benefits-for-wellness-recovery/ . Accessed August 22, 2022.*
24. *National Institute for Health and Care Excellence (NICE). NICE guideline [NG65]. Spondyloarthritis in over 16s: diagnosis and management. February 28, 2017; https://www.nice.org.uk/guidance/ng65 . Accessed August 22, 2022.*
25. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 8.03.02, Physical Therapy. December 2014 (Archived).*

26. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 2.01.37, Canalith Reposition as a Treat of Benign Paroxysmal Positional Vertigo (BPPV). December 2014 (Archived).*
27. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 8.03.13, Sensory Integration Therapy and Auditory Integration Therapy, April 2022.*
28. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 2.01.105, Dry Hydrotherapy for Chronic Pain Conditions. July 2022.*

IX. POLICY HISTORY

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MP 8.001	**CAC 6/29/04**
	CAC 9/28/04
	CAC 4/26/05
	CAC 11/29/05
	CAC 9/26/06
	CAC 2/27/07
	CAC 7/31/07
	CAC 7/29/08
	CAC 11/25/08
	7/1/09 Cross-reference added for Pervasive Developmental Disorders
	9/29/09 Policy statement revised. Added canalith repositioning to treat vertigo as alternative or adjunct to medication and before Vestibular Therapy Rehab. Added canalith repositioning description to background/description section of policy. Canalith repositioning policy retired (cross-referenced removed from this medical policy). References updated.
	4/26/11 Minor revision. Sensory integration therapy changed from not medically necessary to investigational. Added note indicating Sensory integration therapy investigational status does not apply to members/groups whose benefits are subject to the terms mandated in Pennsylvania Act 62 of 2008). Reference added to **MP 8.011** Sensory Integration Therapy. Benefits information deleted.
	CAC 10/25/11 Removed miscellaneous electrical stimulation modalities (Investigational) and radiofrequency therapy (Investigational) from MP-6.020, Electrical Stimulation and placed in Physical Medicine and Specialized Physical Medicine Treatments policy.
	CAC 1/29/13 Consensus review. References updated but no changes to the policy statements. Note added that effective 2/1/13 CBC has adopted InterQual guidelines for Physical Therapy services. Codes reviewed 11/27/12
	9/29/2014 Admin update to coding. No code changes
	3/24/15 CAC. Consensus review. No change to policy statements. References updated. Coding reviewed.
	10/28/15 Administrative update. LCD number changed from L27513 to L35044 due to Novitas update to ICD-10.

POLICY TITLE	PHYSICAL MEDICINE AND SPECIALIZED PHYSICAL MEDICINE TREATMENTS (OUTPATIENT)
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	CAC 1/26/16 Minor review. Added statement indicating the physical therapy provider shall confer with the referring physician after the initial 4 weeks and every 4 weeks after the initial authorization period regarding the plan of treatment and provide a summary describing the individual's response to treatment and progress toward established goals. Added "Patient's willingness to participate in therapy" which is to be included in the plan of care. Deleted information on end diastolic compression therapy which is addressed in MP-6.044 End Diastolic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema where it is listed as investigational. Deleted information on Manual Lymphedema Drainage Therapy – refer to InterQual criteria. Other grammatical and formatting corrections completed. Added L36434 Microvascular Therapy to reference list. Changed LCD number from L35044 Physical Therapy and Rehabilitation Services, PT and OT to L35036 Therapy and Rehabilitation Services (PT, OT). Coding reviewed and revised.
	1/1/17 Admin Update Variation reformatting. Added new codes 97161-97164, 97169-97172 and removed end dated codes 97001-97002, 97005-97006; effective 1/1/17.
	CAC 5/23/17 Consensus review. No change to policy statements. References reviewed and updated. Coding Reviewed.
	1/1/18 Admin Update: Medicare variations removed from Commercial Policies. Removed end dated code 97762 and added new code 97763; effective 1/1/18.
	2/26/18 Consensus review. No changes to the policy statements. References reviewed.
	4/1/19 Admin Update. Coding reviewed and updated.
	4/15/19 Consensus review. Policy statements unchanged. References updated.
	4/27/20 Consensus review. Policy statements unchanged. References updated. Coding reviewed.
	7/6/2021 Consensus review. No change to policy statement. References reviewed and updated.
	9/6/2022 Minor review. Added Dry Hydrotherapy as INV. Updated FEP, background, references. No coding changes.

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