

POLICY TITLE	OCCUPATIONAL THERAPY (OUTPATIENT)
POLICY NUMBER	MP 8.004

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	4/1/2024

[POLICY RATIONALE DISCLAIMER POLICY HISTORY](#)

[PRODUCT VARIATIONS DEFINITIONS CODING INFORMATION](#)

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I. POLICY

Outpatient occupational therapy services may be considered **medically necessary** to learn or re-learn daily living skills (e.g., bathing, dressing, and eating) or compensatory techniques to improve the level of independence in the activities of daily living; *or to provide task-oriented therapeutic activities designed to significantly improve, develop or restore physical functions lost or impaired as a result of a disease, or injury; and* 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 sixty [60] days).

Occupational Therapy services are 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 services must be provided by an occupational therapist who is legally authorized to practice occupational therapy services by the State in which he/she practices. The patient must be under the care of a physician or non-physician practitioner for a condition for which occupational therapy 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, treatment should be provided by an occupational therapist acting within the scope of such license and in accordance with a written plan of care as appropriate for the diagnosis. The plan of care should include:

- Patient’s significant past history;
- Patient’s diagnoses that require OT;
- Name of attending physician and any related physician orders;
- Therapy goals, both short and long term, 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, and treatment goals;

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- When appropriate, the summary of treatment provided, and results achieved during previous periods of occupational therapy services;
  - Specifics of the type of treatment, including amount, frequency, and duration of activities.

Occupational therapy is **not medically necessary** when a patient suffers temporary loss or reduction of function that would be expected to improve spontaneously with increased normal activities.

**Note:** Coverage exclusions do 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.

**Cross-references:**

- MP 8.007** Cognitive Rehabilitation
- MP 8.001** Physical Medicine and Specialized Physical Medicine Treatments (Outpatient)
- MP 2.304** Autism Spectrum Disorders

**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 - 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> .

Note\* - The Federal Employee Program (FEP) Service Benefit Plan does not have a medical policy related to these services.

**III. BACKGROUND/DESCRIPTION**

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Occupational therapy (OT) is the treatment of neuromusculoskeletal and psychological dysfunction through the use of specific tasks or goal-directed activities designed to improve the functional performance of an individual.

OT involves cognitive, perceptual, safety and judgment evaluations and training. These services emphasize useful and purposeful activities to improve neuromusculoskeletal functions and to provide training in activities of daily living (ADL). Activities of daily living include feeding, dressing, bathing, and other self-care activities. Other occupational therapy services include the design, fabrication, and use of orthoses, and guidance in the selection and use of adapted equipment.

**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.

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**COGNITIVE** pertains to the mental processes of comprehension, judgment, memory, and reasoning, as contrasted with emotional and volitional process.

**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.

**NON-SKILLED SERVICES**, including certain types of treatment, do not generally require the skills of a qualified provider of occupational therapy services and are therefore not medically necessary. These services may include passive range of motion (ROM) treatment, which is not related to restoration of a specific loss of function, and services that maintain function by using routine, repetitive, and reinforced procedures, e.g., daily feeding programs once the adaptive procedures are in place.

**OCCUPATIONAL THERAPY** is the treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person’s ability to satisfactorily accomplish the ordinary tasks of daily living and those required by the person’s particular occupation.

**ORTHOISIS** is a force system designed to control, correct, or compensate for a bone deformity, deforming forces, or forces absent from the body. Orthosis often involves the use of special braces.

**PERCEPTION** is the conscious recognition and interpretation of sensory stimuli that serve as a basis for understanding, learning, and knowing or for the motivation of a particular action or reaction.

**V. BENEFIT VARIATIONS** [TOP](#)

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** [TOP](#)

*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.*

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**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.

**Covered when medically necessary:**

Procedure Codes								
G0129	G0152	G0160	S9129	97010	97012	97016	97018	97022
97024	97032	97034	97035	97036	97110	97112	97113	97116
97139	97140	97150	97165	97166	97167	97168	97530	97535
97542	97750	97755	97760					

➤ **Specific diagnoses do not apply to this medical policy**

**VIII. REFERENCES**

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- Hoffmann T, Bennett S, Koh CL, McKenna KT. Occupational therapy for cognitive impairment in stroke patients. *Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD006430. PMID: 20824849*
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- Moyers PA. The guide to occupational therapy practice. American Occupational Therapy Association. *Am J Occup Ther. 1999;53(3):247-322. PMID: 10372213*
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- Ham MJ, Kim S, Jo YJ, et al. The Effect of a Multimodal Occupational Therapy Program with Cognition-Oriented Approach on Cognitive Function and Activities of Daily Living in Patients with Alzheimer's Disease: A Systematic Review and Meta-Analysis of

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13. Blue Cross Blue Shield Association Medical Policy Reference Manual. 8.03.03, Occupational Therapy. July 2011 (Archived).

**IX. POLICY HISTORY**

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<b>MP 8.004</b>	<b>02/21/2020 Consensus review.</b> No change to policy statements, references updated, and coding reviewed.
	<b>2/18/2021 Consensus Review.</b> No change to policy statement. References updated and coding reviewed.
	<b>9/19/2022 Consensus Review.</b> No change to policy statement. Updated FEP, references. Coding reviewed, no changes.
	<b>9/22/2023 Minor review.</b> Removed statement regarding sensory integration therapy, as this is discussed in MP 8.011, as well as code 97533. Added disclaimer regarding Act 62 due to recent changes in MP 2.304. Updated references.

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