MEDICAL POLICY

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MEDICAL POLICY DETAILS	
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Product Disclaimer	• *Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line*

POLICY STATEMENT

I. Based upon our criteria and assessment of the peer-reviewed literature, restorative or habilitative land- or water (hydro, aquatic)-based physical therapy (PT) services have been medically proven to be effective and, therefore, are considered **medically appropriate** when performed to meet the needs of a patient who suffers from a medically determinable, functional physical impairment due to disease, trauma, congenital anomalies or prior therapeutic intervention, as determined by standardized assessment.

In determining the medical appropriateness of PT services, consideration will be given to the degree/severity of the limitation/deficit that the impairment imposes on the individual and whether the deficit(s) are expected to improve over a short period of time (generally up to two (2) months) with treatment. Ongoing treatment will continue to be considered medically necessary only if significant improvement, as determined with reference to standardized assessment(s) completed during evaluation and repeated on follow-up session(s), is demonstrated in objective measures.

II. Based upon our criteria and assessment of the peer-reviewed literature, restorative or habilitative land- or water-based PT has been medically proven to be effective and, therefore, is considered **medically appropriate** for children suffering from a medically determinable, severe or significant impairment, as determined by standardized assessment, resulting from disease, trauma, congenital anomaly or previous therapeutic process.

A medically determinable severe delay or disorder in a child is identified by a functional impairment/deficit that adversely affects the child's performance, or significant delay or disorder in one or more functional areas, as compared to accepted milestones for child development, which adversely affects the child's ability to learn.

Significant delays or disorders in children are defined as:

A. A 33% delay in one functional area or a 25% delay in each of two areas; or

B. If appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one functional area or at least 1.5 standard deviations below the mean in each of two functional areas.

III. Based upon our criteria and assessment of the peer-reviewed literature, non-skilled services that do not generally require the skills of a qualified provider of PT services are **not medically necessary**. These services may include:
   A. Passive range of motion (PROM) treatment that is not related to restoration of a specific loss of function;
   B. Any of the following treatments, when given alone or to a patient who presents with no complications: hot packs; infrared heat; whirlpool baths; paraffin baths; Hubbard tank; cold packs; ice packs, contrast baths, aquatic exercises, TENS;
   C. Services that maintain function by using routine, repetitive procedures, exercise, conditioning or gym programs (land- or water-based), for stable, chronic conditions (lasting longer than three months since initial onset), such as fibromyalgia or chronic pain syndrome (chronic low-back pain);
   D. Vasopneumatic compression, when used alone and without the need for skilled monitoring of potential adverse signs and symptoms.

IV. Based upon our criteria and assessment of the peer-reviewed literature, the following services have not been medically proven to be effective and, therefore, are considered **not medically necessary,** including but not limited to:
   A. Gait analysis;
   B. Sensory integration therapy (SIT);
   C. Hippotherapy, equine movement therapy, horseback riding;
   D. Isokinetic testing with an isokinetic dynamometer (e.g., Biodex, Cybex II, Omnikinetic, Lido Active) in the assessment of muscle strength;
   E. PT programs solely for sports and/or recreational purposes (e.g., conditioning, strength training, and aquatic exercise programs such as water aerobics and water walking).

V. Based upon our criteria and assessment of the peer-reviewed literature, work-related or workers' compensation programs (e.g., work evaluation, work reconditioning, or work hardening programs; sheltered work programs; vocational training) are considered **not medically necessary**, as these programs are intended to improve conditioning primarily for return to work and are not for treatment of a medical condition.

   When PT services are needed to treat a medical or surgical condition for a patient to return to work, services are covered by the New York State Vocational and Educational Services for Individuals with Disabilities (VESID) Program.

VI. Based upon our criteria and assessment of the peer-reviewed literature, maintenance programs are considered not medically necessary (see guideline VII for definition of maintenance program).

VII. Based upon our criteria and assessment of the peer-reviewed literature, dry needling has not been medically proven to be effective and, therefore, is considered **investigational** for all indications, including, but not limited to, myofascial pain.

Refer to Corporate Medical Policy #1.01.38 Negative Pressure Wound Therapy (Vacuum Assisted Closure)

Refer to Corporate Medical Policy #2.01.13 Computerized Motion Diagnostic Imaging (CMDI)/Gait Analysis

Refer to Corporate Medical Policy #8.01.17 Occupational Therapy (OT)

Refer to Corporate Medical Policy #10.01.02 Chiropractic Care

Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

POLICY GUIDELINES

I. PT must meet **ALL** of the following criteria:

A. It meets the functional needs of a patient who suffers from a functional physical impairment due to disease, trauma, congenital anomalies or prior therapeutic intervention.
B. It achieves a specific, diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time.
C. It provides specific, effective, and reasonable treatment for the patient's diagnosis and physical condition.
D. It is delivered by a qualified provider of PT services (i.e., one who is licensed, where required, and performs within the scope of licensure).
E. It requires the judgment, knowledge, and skills of a qualified provider of PT services, due to the complexity and sophistication of the therapy and the physical condition of the patient.

II. PT office records must contain a written plan of care, which should include:
A. diagnosis, including the severity level of the diagnosis;
B. specific statements of measurable, long- and short-term, function-based goals;
C. measurable objectives, based on standardized outcome measures defined in evaluation and during follow-up sessions;
D. a reasonable estimate of when the goals will be reached;
E. the specific treatment techniques and/or activities to be used in treatment (skilled intervention);
F. the frequency and duration of treatment; and
G. prior level of function (PLOF), prior treatment, and current level of function (CLOF).

III. New York State law restricts the practice of PT to licensed physical therapists or certified physical therapist assistants. Individuals who are not licensed or certified may not provide PT services. Athletic trainers are not licensed or otherwise authorized in New York State to practice PT.

IV. Certain contracts cover only short-term PT services for a limited number of visits per condition, per lifetime, or per contract year. These limits generally apply to physical, speech, and occupational therapy combined. These visit limits do not apply when PT is for the treatment of a mental disorder (including autism spectrum disorder), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

V. Coverage is not available for services provided by school districts for pre-school-aged children (three (3) to five (5) years) and school-aged children (five (5) to 21 years), as stipulated in the child's Individualized Education Program plan (IEP), as they are considered free care.
A. When applicable, an IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.
B. If a child is home-schooled, an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for services for home-schooled children outside New York State will be reviewed on an individual basis in accordance with state regulations for the state in which the child lives.
C. PT services that are denied by the school district, including summer services, and not covered in a child's IEP, or that are provided to a child who has no IEP, will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.
D. If outpatient therapies requested are in addition to the school-based services noted in the IEP, or the provider does not feel that the child's needs are being met by the school-based services noted in the IEP, or when there is no IEP provided but it is documented that the child receives school-based services, documentation must include rationale supporting the medical necessity of the additional outpatient services beyond what the child is already receiving at school as noted in the IEP.
E. Interim summer programs are provided by school districts for children whose handicapping conditions are severe enough to exhibit the need for a structured learning environment of 12 months duration, in order to maintain developmental levels and, in the case of pre-school-aged children, to prevent substantial regression.

VI. Maintenance program is defined as a program that consists of activities that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no additional functional progress is apparent or expected to occur.

VII. Baseline objective measurement(s) is/are essential to determine clinical effectiveness of all PT interventions. Clinical assessment of the patient's strength, prior to the initiation of PT, is essential to determining the therapeutic effectiveness of PT. Assessment data is obtained through a variety of standardized tests (e.g., measurement, functional performance, and manual or isokinetic muscle evaluation).

VIII. Physical impairments range in severity from mild to severe and are classified according to their level of severity:

A. Mild impairment is less than one standard deviation from normal, mild impairments are appropriate for PT one (1) time per week.
B. Moderate impairment is one-to-two standard deviations from normal, moderate impairments are appropriate for PT two (2) times per week.
C. Severe impairment is more than two standard deviations from normal. Severe impairments are appropriate for PT three (3) times per week.

DESCRIPTION

PT is the treatment of disease or injury by the use of therapeutic exercise and other interventions that focus on improving posture, locomotion, strength, endurance, balance, coordination, joint mobility, flexibility, and the ability to perform the functional activities of daily living, as well as the relief of pain. PT is a short-term therapy that is expected to result in significant, measurable improvements.

Treatment may include active and passive modalities using a variety of means and techniques based upon biomechanical and neuropsychological principles. Treatments provided as part of a PT session may include:

I. A therapeutic exercise program, including coordination and resistive exercises to increase strength and endurance;
II. Thermotherapy;
III. Cryotherapy;
IV. Hydrotherapy/aquatic therapy - water-based interventions usually performed in a pool; and/or
V. Massage, traction, or manual therapies.

Under New York State law, all insured contracts providing physician services, or providing medical, major medical, or similar comprehensive-type coverage, must provide coverage for the screening, diagnosis, and treatment of autism spectrum disorders when prescribed or ordered by a licensed physician or a licensed psychologist for medically necessary services. Treatment includes services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, and social worker, when the policy generally provides such coverage. Therapeutic treatment must include care that is deemed habilitative or non-restorative.

Under federal law, all health insurers must provide essential health benefits in the individual and small group markets, including habilitative services. The law defines habilitative services as health care services that help a person keep, learn or improve skills and functioning for daily living and include the management of limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function.

Hippotherapy, also known as equine-assisted therapy, is a treatment strategy that uses the movement of horses to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. It has been proposed as a therapy for individuals with impaired walking or balance.

Isokinetic exercise involves muscle use in an action that results in a movement without changing angular velocity. It involves the accommodation of resistance throughout the range of motion, to closely resemble normal action of muscle. Dynamometers are pieces of equipment that use hydraulics to maintain constant velocity and are controlled by a computer and associated software to measure joint flexion and extension via torque, typically of the knee, but can be adapted for other joints.

Dry needling refers to a procedure whereby a fine needle is inserted into the trigger point, to induce a twitch response and relieve pain. Research suggests that dry needling may improve pain control and reduce muscle tension in neck and/or shoulder pain, plantar heel pain, temporomandibular myofascial pain, and other conditions. Dry needling can be deep or superficial. Deep dry needling is believed to inactivate trigger points by eliciting contraction and subsequent relaxation of

the muscle via a spinal cord reflex. Superficial needing is believed to activate mechanoreceptors and have an indirect effect on pain by inhibiting C-fiber pain impulses.

Sensory integration therapy (SIT) is a form of PT that has been investigated as a method of treatment for developmental disorders in patients with established sensory processing dysfunction, as in autism spectrum disorder (ASD). Sensory integration therapy is aimed at improving the way the brain processes and organizes sensations, as opposed to teaching higher-order skills. Therapy usually involves activities that provide vestibular, proprioceptive, and tactile stimuli, which are selected to match specific sensory processing deficits of the child. For example, swings are commonly used to incorporate vestibular input, while trapeze bars and large foam pillows or mats may be used to stimulate somatosensory pathways of proprioception and deep touch. Tactile reception may be addressed through a variety of activities and surface textures involving light touch.

RATIONALE

Hippotherapy

The literature regarding hippotherapy consists of systematic reviews, randomized trials, and case series involving individuals with cerebral palsy, multiple sclerosis, stroke or gait and balance disorders. The randomized trials are generally small, can be described as having significant methodologic problems, and have not demonstrated that hippotherapy is superior to alternative therapies. Therefore, the evidence is insufficient to determine that it results in an improvement in the net health outcome.

Isokinetic Testing

Several isokinetic dynamometers have received FDA approval. Published literature suggests that due to the large variations in testing methods, isokinetic dynamometry has not been medically proven to improve net health outcomes or to be more effective than established methods of assessment of muscle strength. The effectiveness of isokinetic dynamometry has not been demonstrated outside the investigational setting.

Dry Needling

Dry needling has been investigated in randomized controlled trials (RCTs) and systematic reviews. Reviewers have summarized that studies have not associated dry needling with reductions in shoulder or neck pain compared to other modalities.

Young, et al. (2024) conducted a randomized, single blinded, multicenter, parallel group trial comparing two treatment protocols for the management of lumbar spinal stenosis (LSS). The study aimed to determine the effects of adding thrust spinal manipulations and electrical dry needling to conventional physical therapy in patients with LSS. 128 patients with LSS from 12 outpatient clinics in eight states were recruited over a 34-month period. The primary outcomes included the Numeric Pain Rating Scale (NPRS) and the Oswestry Disability Index (ODI). Secondary outcomes included the Roland Morris Disability Index (RMDI), Global Rating of Change (GROC), and medication intake. Follow-up assessments were taken at 2 weeks, 6 weeks, and 3 months. At 3 months, the MEDNCPT group experienced greater reductions in overall low back, buttock, and leg pain and related disability compared to the conventional physical therapy (CPT) group. Effect sizes were small at 2 and 6 weeks, and medium at 3 months for the NPRS, ODI, and RMDI. At 3 months, significantly ($p=.003$) more patients in the MEDNCPT group reported a successful outcome ($GROC \geq +5$) than the CPT group. It was stated that patients with LSS who received electrical dry needling and spinal manipulation in addition to impairment-based exercise, manual therapy and electro-thermal modalities experienced greater improvements in low back, buttock and leg pain and related-disability than those receiving exercise, manual therapy, and electro-thermal modalities alone at 3 months, but not at the 2- or 6-week follow-up. Limitations included the lack of sham-needling comparison group, the MEDNCPT group received additional treatments compared to the CPT group, the use of separate region-specific pain scores.

Sensory Integration Therapy (SIT)

There is insufficient evidence to permit conclusions regarding the effectiveness of SIT or whether SIT improves the net health outcome in children with autism and developmental impairments. Only one study was published for SIT in autistic children, and three studies were published for SIT in developmentally delayed children; the validity of all four studies is

questionable. The evidence indicates that SIT does not improve the net health outcome in learning-disabled children when compared to alternative treatments or no treatment at all.

In June 2012, the American Academy of Pediatrics (AAP) issued a policy statement indicating that treatment "with the use of sensory-based therapies may be acceptable as one of the components of a comprehensive treatment plan. However, parents should be informed that the amount of research regarding the effectiveness of sensory integration therapy is limited and inconclusive."

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*
- **** Note: Reimbursement mechanisms vary by Health Plan Region. Services may be reimbursed on a per modality or a global reimbursement basis.****

CPT Codes

Code	Description
20560 **(E/I)**	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561 **(E/I)**	Needle insertion(s) without injection(s); 3 or more muscle(s)
97010	Application of a modality to one or more areas; hot or cold packs
97012	traction, mechanical
97014	electrical stimulation, unattended
97016	vasopneumatic devices **Note: Considered NMN when used without skilled monitoring.**
97018	paraffin bath
97022	whirlpool
97024	diathermy (e.g., microwave)
97026	infrared
97028	ultraviolet
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	iontophoresis, each 15 minutes
97034	contrast baths, each 15 minutes
97035	ultrasound, each 15 minutes
97036	Hubbard tank, each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	neuromuscular reeducation and movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities

Code	Description
97113	aquatic therapy with therapeutic exercises
97116	gait training (includes stair climbing)
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97164	Re-evaluation of physical therapy established plan of care
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533 **(NMN)**	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes **Note: Considered NMN when used for isokinetic testing or vibromyography.**
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(s) 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), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

HCPCS Codes

Code	Description
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
S8940 **(NMN)**	Equestrian/hippotherapy, per session
S8990 **(NMN)**	Physical or manipulative therapy performed for maintenance rather than restoration

Modifiers

Code	Description
96	Habilitative services

Code	Description
97	Rehabilitative services

ICD10 Codes

Code	Description
Several	

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*Key Article

KEY WORDS

Aquatic therapy, dry needling, gait analysis, hippotherapy, hydrotherapy, isokinetic dynamometry, isokinetic testing, MyoWave, physical therapy, PT, vibromyography (VMG).

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) addressing Outpatient Physical and Occupational Therapy Services (L33631). Please refer to the following website for Medicare Members: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33631&DocID=L33631 accessed 09/23/24.

There is currently a National Coverage Determination (LCD) for Acupuncture for Chronic Lower Back Pain (cLBP) (30.3.3) addressing dry needling. Please refer to the following websites for Medicare Members: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=373 accessed 09/23/24.

There is currently a Local Coverage Determination (LCD) for Pain Management addressing dry needling (L33622). Please refer to the following websites for Medicare Members: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33622&DocID=L33622 accessed 09/23/24.

There is currently a Local Coverage Determination (LCD) for Peripheral Nerve Blocks addressing dry needling (L36850). Please refer to the following websites for Medicare Members: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=36850&DocID=L36850 accessed 09/23/24.