

Occupational Therapy (OT)

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

OT is the treatment of neuromusculoskeletal and psychological dysfunction, caused by disease, trauma, congenital anomaly, or prior therapeutic process, through the use of specific tasks or goal-directed activities designed to improve functional performance of the individual. OT services emphasize useful and purposeful activities to improve neuromusculoskeletal function and to provide training in activities of daily living (ADL).

DEFINITIONS

Highmark Health Options(HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

POLICY POSITION

1. OT may be considered medically necessary for individuals who meet ALL of the following criteria:
 - The therapy is aimed at improving, adapting or restoring functions of an individual who have been impaired or permanently lost as a result of physical disability due to illness, injury, congenital anomaly, or prior therapeutic intervention; and
 - Achieve a specific diagnosis-related goal for an individual who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time based on the qualified OT assessment of the individual's restoration potential and unique medical condition; and
 - Specific, effective and reasonable treatment for the individuals diagnosis and physical condition; and
 - The services are delivered by a qualified provider of OT services.

A qualified provider is an individual who is licensed, where required, and performs within the scope of licensure.

A typical treatment plan consists of up to one (1) hour sessions and up to four (4) physical medicine procedures per date of service and includes ANY of the following:

- Modalities; or
- Therapeutic procedures; or
- Tests and measurements; or
- Muscle range of motion (ROM) testing; or
- Orthotic management and prosthetic management.

Exceptions include standardized cognitive performance testing per hour and work hardening/conditioning; initial two (2) hours. Only one (1) of these services are eligible for reimbursement per date of service since each represents one (1) hour or greater of OT testing or treatment. Each additional hour of work hardening/conditioning will be considered exceeding the limitation; and is considered not medically necessary. No other physical medicine procedure codes can be billed on the same date of service.

Duplicate therapy is considered not medically necessary. Example: An individual receiving therapy services from two (2) different providers treating the same condition.

An evaluation and management (E/M) service is considered an inherent part of an OT evaluation. The E/M service is not eligible for separate reimbursement when reported on the same day as an OT evaluation.

Consequently, when an E/M service is reported in conjunction with an OT evaluation, the services may be combined for the OT evaluation.

Muscle testing, ROM testing, and physical performance testing are considered components of an OT evaluation. They are not eligible for separate reimbursement-when billed with an OT evaluation.

2. Maintenance therapy

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.

A maintenance program consists of activities that preserve the individual's present level of function and prevent regression of that function. These services would not involve complex physical medicine and rehabilitative procedures, nor would they require clinical judgment and skill for safety and effectiveness.

Maintenance therapy may be reported under physical or manipulative therapy performed for maintenance rather than restoration, and is not eligible for reimbursement unless the individual has habilitative services benefits.

3. Hot/cold packs

Hot/cold packs are considered integral and are not eligible as a distinct and separate service.

4. Habilitative therapy

Habilitative therapy services are ordered by a professional provider to promote the restoration, maintenance or improvement in the level of function following disease, illness or injury. This includes therapies to achieve functions or skills never acquired due to congenital and developmental anomalies.

Habilitative therapy is not eligible for reimbursement, unless the member has a habilitative benefit.

Habilitative/rehabilitative therapy services must be reported with the 96 or 97 modifiers in conjunction with the appropriate therapy code.

Spinal manipulation is not considered a habilitative service.

5. Sensory integrative techniques

When the member's benefit includes coverage under Act 62 for ASD; sensory integration is a covered service only for those individuals diagnosed with ASD.

Sensory integrative techniques as distinct and definable components of the rehabilitation process are considered experimental/investigational and therefore noncovered when used to treat any other conditions. Scientific evidence does not demonstrate the efficacy of these services for other conditions.

6. Autism service policies subject to Delaware law

Effective for new plans and those renewing after December 11, 2012, Delaware law now requires coverage for Autism Spectrum Disorders (ASD). The application of this mandate is limited to individual and group coverage that is subject to Delaware insurance law (insured business).

The Delaware Autism Mandate (18 Del. C. Sections 3361 and 3570A) requires coverage for the medically necessary screening, diagnosis and treatment of ASD by Autism Services Providers for individuals less than 21 years of age.

Coverage may not be denied on the basis that the treatment is habilitative or nonrestorative in nature.

7. OT Practice Act - July 5, 2012

Explicitly allows occupational therapists to design, fabricate, and apply orthotics.

ELIGIBLE PROCEDURE CODES

| CPT Codes | Description |
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| 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side. |
| 95992 | Canalith repositioning procedure(s) (e.g., Epley Manuever, Semont Manuever) per day. |
| 96125 | Standardized cognitive performance testing (e.g., ross information processing assessment) per hour of a qualified health care professional's time both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report. |
| 97010 | Application of a modality to 1 or more areas; hot or cold packs. |

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| 97012 | Application of a modality to 1 or more areas; traction, mechanical. |
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended). |
| 97016 | Application of a modality to 1 or more areas; vasopneumatic devices. |
| 97018 | Application of a modality to 1 or more areas; paraffin bath. |
| 97022 | Application of a modality to 1 or more areas; whirlpool. |
| 97024 | Application of a modality to 1 or more areas; diathermy (e.g., microwave). |
| 97026 | Application of a modality to 1 or more areas; infrared. |
| 97028 | Application of a modality to 1 or more areas; ultraviolet. |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes. |
| 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes. |
| 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes. |
| 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes. |
| 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes. |
| 97039 | Unlisted modality (specify type and time if constant attendance). |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility . |
| 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities. |
| 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises. |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing). |
| 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion). |
| 97129 | Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes. |
| 97130 | Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes/list separately in addition to code for primary procedure). |
| 97139 | Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify). |
| 97140 | Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes. |
| 97150 | Therapeutic procedure(s), group (2 or more individuals). |
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: an occupation profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; an assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision-making of low complexity, which includes an analysis of the occupational profile. |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring these components an occupation profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) |

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| | that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and-clinical decision making of moderate analytic. |
| 97167 | Occupational therapy evaluation, high complexity, requiring these components an occupation profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and-clinical decision making of high analytic. |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: an assessment of change in patient functional or medical status with revised plan of care; an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and a revised plan of care. a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. typically, 30 minutes are spent face-to-face with the patient. |
| 97530 | Therapeutic activities, direct (one on one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes. |
| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one on one) patient contact each 15 minutes. |
| 97535 | Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in the use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes. |
| 97537 | Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/medication analysis work task analysis use of assistive technology device/adaptive equipment) direct one-on-one 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. |
| 97755 | Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environment accessibility) direct one-on-one contact with written report, each 15 minutes. |
| 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), lower extremity(ies), and/or trunk, subsequent orthotic(s) encounter each 15 minutes. |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure. |
| L3702 | Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment. |
| L3762 | Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf. |
| L3906 | Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment. |
| L3913 | Hand finger orthotic (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment. |

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| L3935 | Finger orthotic, nonotrosion joint, may include soft interface custom fabricated, includes fitting and adjustment. |
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ELIGIBLE DIAGNOSIS CODES FOR PROCEDURE CODE 97533

| Codes | | | | | | |
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| F84.0 | F84.3 | F84.5 | F84.8 | F84.9 | | |

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POLICY UPDATE HISTORY

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| <Date> | <Event> |
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