Medical Necessity Guidelines:

Outpatient Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy

Effective: December 1, 2024

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409
CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Habilitative services are provided for a person to attain, maintain, or prevent deterioration of a skill or function never learned or acquired due to a disabling condition. These services may include physical therapy (PT), occupational therapy (OT) and/or speech therapy (ST). Such services are required to maximize the member's ability to function in his or her environment.

This guideline is to be used for the review of outpatient habilitation treatment visit requests, specifically PT, OT and ST.

- **Physical Therapy: Tufts Health Plan Commercial** Members are covered without prior authorization for initial evaluation and 8 outpatient habilitative PT visits (per calendar or plan year) when referred by their primary care physician (PCP). **Tufts Health Direct** Members are covered without prior authorization for initial evaluation and 11 outpatient habilitative PT visits per benefit year when referred by their PCP.
- **Occupational Therapy: Tufts Health Plan Commercial** Members are covered without prior authorization for initial evaluation and 8 outpatient habilitative OT visits (per calendar or plan year) when referred by their PCP. **Tufts Health Direct** Members are covered without prior authorization for initial evaluation and 11 outpatient habilitative OT visits per benefit year when referred by their PCP.
- **Speech Therapy: Tufts Health Plan Commercial** Members are covered without prior authorization for up to 30

outpatient habilitative ST visits per benefit year when referred by their PCP. **Tufts Health Direct** Members are covered without prior authorization for up to 30 outpatient habilitative ST visits per benefit year when referred by their PCP.

PT, OT and ST visits beyond the number of visits referred by member's PCP require prior authorization. To initiate an authorization request for habilitative PT, OT and ST services, complete the Habilitative Services (PT, OT, ST) Authorization Form.

Note: Member's PT, OT and ST habilitative services benefit and **visit benefit limit** may vary depending on the terms of the plan benefit document.

Clinical Guideline Coverage Criteria

Therapy providers are expected to address the specific clinical and functional restrictions by applying skilled PT, OT and/or ST techniques and by utilizing applicable therapeutic skills.

Additionally, emphasis of treatment is expected to be management of symptoms by member or member's family and other caregivers and an independent home or community-based exercise or treatment program. This is essential to long-term success.

The Plan may authorize outpatient habilitative visits (OT, PT, ST) when **ALL** Clinical Coverage Criteria are met:

1. From the initial evaluation throughout the entire course of treatment:
2. Physical, occupational and/or speech therapy treatment is medically necessary; and
3. Treatment is provided for member to attain, maintain, or prevent deterioration of a skill or function never learned or acquired due to a disabling condition; and
4. Documentation supports treatment is provided to allow member to keep, learn and/or improve skills and function necessary for daily living, and these skills and functions are not expected to improve and/or are expected to be lost without habilitative services; and
5. There is not a less intensive or more appropriate level of service which can be safely and effectively provided; and
6. Emphasis of treatment is teaching and training toward an independent home or community-based program, with or without the assist of a caregiver; and
7. The level and complexity of the services requested can only be rendered safely and effectively by a licensed physical therapist, occupational therapist and/or speech and language pathologist; and
8. Member's condition can be classified and billed with ICD-10 codes considered by Tufts Health Plan to be habilitative in nature. Please refer to the Covered Diagnosis Code Reference Tool for Habilitative Services: Physical, Occupational, and Speech Therapy

NOTE: Outpatient habilitative PT, OT, and/or ST services duplicative of services provided as part of an individual educational plan (IEP) or an individual service plan (ISP) are not covered

Limitations

1. Plan benefit exclusions, per individual member's plan document, including services that are primarily educational in nature, services that are vocationally and/or recreationally based, **and may include services that are developmental in nature.**
2. Habilitative therapy will not be covered when the expectation does not exist that the therapy will result in developing or maintaining the expected level of functioning within a reasonable period of time.
3. Services that are not medically necessary
4. Sensory integration therapy* for any diagnosis other than autism spectrum disorder(s). Refer to Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders on our provider resource center.
5. Personal training, life coaching
6. Treatment that is investigational or unproven, including, but not limited to facilitated communication, auditory integration therapy (AIT), holding therapy, Higashi (Daily Life Therapy)
7. Custodial care (for the purposes of this guideline custodial care is "care, administered by trained personnel, to which the Member shows no beneficial response despite extended and/or repeated treatment trials.")
8. Any service, program, supply, or procedure performed in a non-conventional setting (this includes, but is not limited to, spas/resorts; educational, vocational, or recreational settings; Outward bound; or wilderness, camp or ranch programs). This is the case even if the services are performed by a licensed provider (including, but not limited to, mental health professionals, nutritionists, nurses or physicians) Any service, program, supply, or

procedure performed in a non-conventional setting (this includes, but is not limited to, spas/resorts; educational, vocational, or recreational settings; Outward bound; or wilderness, camp or ranch programs). This is the case even if the services are performed by a licensed provider (including, but not limited to, mental health professionals, nutritionists, nurses, therapists or physicians)

NOTE: PT, OT and ST services for diagnoses other than those considered to be habilitative will be reviewed under the applicable Rehabilitative Services Medical Necessity Guidelines on our provider resource center:

1. Outpatient Rehabilitative Services: Physical Therapy
2. Outpatient Rehabilitative Services: Occupational Therapy
3. Outpatient Rehabilitative Services: Speech Therapy

NOTE: If requesting **autism services** for PT, OT and/or ST, please refer to the Medical Necessity Guidelines for Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders on our provider resource center.

NOTE: If requesting **ABA (Applied Behavioral Analysis) Therapy and habilitative services for autism spectrum disorders,** please refer to the applicable Medical Necessity Guidelines on our provider resource center:

1. ABA (Applied Behavioral Analysis) Therapy and Habilitative Services for Autism Spectrum Disorders
2. ABA (Applied Behavioral Analysis) Therapy for Autism Spectrum Disorders: Rhode Island Products

Codes

ICD-10 Diagnosis codes:

The Plan has determined certain diagnoses to be considered habilitative in nature. Habilitative PT/OT/ST services are authorized for treatment of these diagnoses when clinical coverage guidelines are met. Refer to the Covered Diagnosis Code Reference Tool for Habilitative Services: Physical, Occupational, and Speech Therapy

Table 1: CPT/HCPCS Codes

Code	Description
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient

Code	Description
	and/or family.
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational 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, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational 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) 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 complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational 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 (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes 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 and/or family.
97010	Application of a modality to 1 or more areas; hot or cold packs
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)

Code	Description
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	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
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 (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental 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)/prosthetic(s) encounter, each 15 minutes
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

Code	Description
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function

References:

1. Federal Register, vol. 77, No. 30, February 14, 2012. Summary of Benefits and Coverage and Uniform Glossary; Proposed Rule p. 8668–8678.
2. Glossary of health Coverage and Medical Terms: cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf, accessed August 23, 2016.
3. Federal Register, vol. 79, No. 249, December 30, 2014. 45 CFR Part 147 Summary of Benefits and Coverage and Uniform Glossary; Final Rule p. 78578-78601.
4. Federal Register, Vol. 80, No. 39. February 27, 2015. 45 CFR Parts 144, 147, 153, et al. Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016; Final Rule, p. 10811-10812.
5. Occupational Therapy For Attention-Deficit Disorder (ADHA). Hayesinc.com/login [via subscription only]. Archived April 16, 2022. Accessed April 4, 2023.
6. Wilkes-Gillan S, Munro N, Cordier R, Cantrill A, Pearce W. Pragmatic Language Outcomes of Children With Attention Deficit Hyperactivity Disorder After Therapist- and Parent-Delivered Play-Based Interventions: Two One-Group Pretest-Posttest Studies With a Longitudinal Component. *Am J Occup Ther*. 2017;71(4):7104220030p1-7104220030p10. doi:10.5014/ajot.2017.019364
7. Mlodnicka AE, O'Neill S, Marks DJ, et al. Impact of occupational, physical, and speech and language therapy in preschoolers with hyperactive/inattentive symptoms: A naturalistic 2-year follow-up study. *Child Health Care*. 2016;45(1):67-83. doi:10.1080/02739615.2014.979918
8. Kang DH, Yoo EY, Chung BI, Jung MY, Chang KY, Jeon HS. The application of client-centred occupational therapy for Korean children with developmental disabilities. *Occup Ther Int*. 2008;15(4):253-268. doi:10.1002/oti.258

Approval And Revision History

October 1, 2020: Coding updated. Effective October 1, 2020, the following ICD-10-CM code(s) added: G11.10, G11.11, G11.19, G40.42, G40.833, G40.834, G71.20, G71.21, G71.22, G71.220, G71.228, G71.29, P91.821, P91.822, P91.823

Subsequent endorsement date(s) and changes made:

- October 21, 2020: Reviewed by IMPAC, renewed without changes
- October 20, 2021: Reviewed by IMPAC, renewed without changes
- February 1, 2022: Template Updated
- October 1, 2022: Coding updated. Effective October 1, 2022 the following ICD-10-CM code(s)
- added to Covered Diagnosis Code Reference Tool for Habilitative Services: Physical,
- Occupational and Speech Therapy: Q21.10-Q21.19, Q21.20-Q21.23, Q85.81-85.89.
- November 16, 2022: Reviewed by MPAC, renewed without changes
- January 18, 2023: Reviewed by MPAC. Effective date June 1, 2023. Minor language updates.
- February 21, 2023: ICD-10-CM code(s) added to Covered Diagnosis Code Reference Tool for
- Habilitative Services: Physical, Occupational and Speech Therapy: Q73.0, Q73.1, Q73.8.
- April 19, 2023: Reviewed by MPAC. For effective date July 1, 2023, OT for treatment of ADHD removed from limitations section
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to One Care effective January 1, 2024
- October 17, 2024: Reviewed by MPAC, updated links effective December 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in

the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.