OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY (OPTUMHEALTH CARE SOLUTIONS ARRANGEMENT)

Policy Number: REHABILITATION 023.19 T2
Effective Date: June 1, 2015

The services described in Oxford policies are subject to the terms, conditions and limitations of the Member’s contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded Members and certain insured products. Refer to the Member's plan of benefits or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the Member’s plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products: This policy applies to Oxford Commercial plan membership.

Benefit Type:
- General benefits package
- Long Term Therapy

Referral Required (Does not apply to non-gatekeeper products):
- Outpatient, Office - Yes
- No - Home

Outpatient Physical and Occupational Therapy (Optumhealth Care Solution Arrangement): Clinical Policy (Effective 06/01/2015)

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Authorization Required
(Precertification always required for inpatient admission)
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<td>2 - Outpatient, Office</td>
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Precertification with Medical Director Review Required
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Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)
| Outpatient, Office, Home |

Special Considerations
1. Refer to the Benefit Considerations section for exceptions and additional details.
2. Requests for long-term physical therapy require a long-term physical therapy rider and the referral must come from the member's PCP.
3. OptumHealth Care Solutions Clinician review is required if the request does not meet criteria and/or there is a question regarding whether the request is a covered benefit.
4. Authorization is required for in network initial therapy evaluation and all subsequent visits.
5. Refer to the Coverage Rationale section below for additional information regarding utilization review for medical necessity by OptumHealth Care Solutions.

BENEFIT CONSIDERATIONS

All products have specific benefit limitations/benefit maximums determined by group and individual products. Please refer to the Member's certificate of coverage for specific limitations/maximums.

Exceptions: This policy does not apply to:

- **Diagnosis and Treatment for Autism:**
  - Connecticut Plans: In accordance with CT state mandate, coverage must be provided for speech therapy services for the treatment of autism spectrum disorders. Refer to the Autism policy for additional information.
  - New York Plans: In accordance with NY state mandate, coverage must be provided for the screening and diagnosis of autism or another developmental disability. Coverage must also be provided for medically necessary occupational, physical and speech therapies, as prescribed through a treatment plan, when the diagnosis is autism or another developmental disability. Refer to the Autism policy for additional information.
  - All New Jersey Plans (including For NJ Small and NJ Individual): In accordance with NJ state mandate, Oxford must provide coverage for speech therapy for when the primary diagnosis is autism or another developmental disability. Refer to the Autism policy for additional information.

- **Early Intervention Program/Birth to Three Programs:** For NY, CT and MA residents being treated as part of an Early Intervention Program/Birth to Three Program, refer to the Speech Therapy and Early Intervention Programs/Birth to Three policy for additional information.

- **NJ Small and NJ Individual Plans:** For information regarding coverage for physical, occupational or speech therapy as well as cognitive/neuropsychological rehabilitation therapy and therapeutic manipulation for any illness or injury that is acute or chronic, including Developmental Delays refer to the Physical, Occupational and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small and New Jersey Individual Plans policy.

- **All New Jersey Plans (including For NJ Small and NJ Individual):** In accordance with NJ state mandate, Oxford must provide coverage for speech therapy for Members who have been diagnosed with a biologically based mental illness. This includes treatment of
any speech impairment. Such services remain subject to the cost sharing, visit limitations, referral and precertification requirements that otherwise apply to these benefits.

- **Self-funded Groups**: Refer to [Outpatient Physical & Occupational Therapy for Self-Funded Groups](#) for additional information.

- **Long term Physical Therapy Rider**: The long term physical therapy rider is available in certain states on a limited basis. The rider covers outpatient visits for short-term therapy (as described in the certificate) and long term therapy that is provided to restore or maintain functional loss of mobility resulting from a chronic illness or the long term effect of a traumatic injury or perinatal disability as described in the following paragraph.
  
  - The Member must have the Long Term Physical Therapy Rider to receive these benefits. This rider replaces the base outpatient physical therapy benefits. The benefits under this Rider are limited to outpatient visits only. Therefore, inpatient admissions to either a Rehabilitation Facility or Skilled Nursing Facility or any other facility are not covered under this Rider.
  
  - The long-term physical therapy benefit will cover Members who have limitations caused by, but not limited to, the following conditions: developmental disabilities; Cerebral Palsy; spinal bifida; hydrocephalus; multiple sclerosis; ALS; muscular dystrophy; cerebral vascular accident (CVA and stroke); traumatic brain injury (TBI); and intraventricular hemorrhage.

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**COVERAGE RATIONALE**

Oxford has delegated certain administrative services related to Physical and Occupational Therapy services to OptumHealth Care Solutions. OptumHealth Care Solutions, a UnitedHealth Group company, will administer the physical and occupational therapy benefit for Oxford products. OptumHealth Care Solutions is a leading physical medicine company that has significant experience working with physical and occupational therapists and physicians, in promoting high quality, affordable physical medicine and rehabilitation services.

You may access OptumHealth Care Solutions clinical policies at the following website: [https://www.myoptumhealthphysicalhealth.com](https://www.myoptumhealthphysicalhealth.com).

Services managed by OptumHealth Care Solutions include:

- Utilization Review functions for a designated list of CPT and HCPCS codes for outpatient physical and occupational therapy for fully insured commercial products, excluding self-funded Members.

  **Exceptions**: This policy does not apply to:
  
  - New Jersey Small and New Jersey Individual plans (included in OptumHealth Care Solutions arrangement, but excluded from this policy). Refer to [Physical, Occupational and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small and New Jersey Individual Plans](#).
  
  - Self-funded Groups Refer to: [Outpatient Physical & Occupational Therapy for Self-Funded Groups](#) for additional information.

- First level administrative, Utilization Management Member and provider appeals, Member appeals, and external appeals where applicable.

**Note**: Oxford has not delegated 2nd level Member internal appeals, external Member appeals, and regulatory inquiries to OptumHealth Care Solutions. This policy applies to a specific list of CPT and HCPCS codes, regardless of the specialty of the treating provider. Refer to the [Applicable Codes](#) section below for a list of the CPT and HCPCS codes.

**Exception**: If a chiropractor provides any of the services specified by the CPT or HCPCS codes in this policy, those services will continue to accrue separately towards the
chiropractic benefit, if available. For chiropractic services refer to Manipulative Therapy policy for additional information.

This policy applies in the outpatient setting only. The outpatient setting for physical therapy and occupational therapy includes hospital outpatient treatment facilities, outpatient facilities at or affiliated with rehabilitation hospitals.

Physical and occupational therapy provided in the home will be managed under the home care benefit (per the Member's certificate). All home care services require precertification. Refer to policy: Home Health Care for additional information.

In the case of occupational therapy, the referral must come from one of the following:
- The Member's PCP,
- General Surgeon,
- Gynecological Oncologist,
- Hematologist-Oncologist,
- Neurologist,
- Oncologist,
- Orthopedists,
- Psychiatrist,
- Neurosurgeon,
- Pain Management Specialist or Rheumatologist.

Refer to the Referrals policy for additional information.

In-Network subsequent physical and occupational therapy:
In-Network subsequent physical and occupational therapy (not rendered by a chiropractor) requires utilization review by OptumHealth Care Solutions to determine medical necessity. An initial evaluation report must be submitted to OptumHealth Care Solutions within ten calendar days of the initial visit or prior to the second visit, whichever occurs first.

All services rendered by UnitedHealthcare Choice Plus providers in the service area will be subject to retrospective review.

Out-of-network physical and occupational therapy:
OptumHealth Care Solutions will review out-of-network physical and occupational therapy services for medical necessity after the services have been received and the claims are submitted.

Members also have the option through a Voluntary Prior Approval Process to submit a treatment plan. The prior approval process is completely voluntary. Out-of-Network providers are not required to pre-authorize services. All initial evaluations and subsequent visits must be authorized when using the Voluntary Prior Approval Process.

Members are financially responsible for all out-of-network services determined to be not medically necessary.

Notes:
- For chiropractic services refer to Manipulative Therapy policy for additional information.
- For services provided by complementary and alternative medicine (CAM) providers, refer to policy: Complementary and Alternative Medicine (CAM) Contracted Rate Program. CAM providers include:
  - Acupuncturists,
  - Dieticians and Nutritional Counselors,
  - Massage Therapists,
  - Naturopathic Physicians (CT only - due to state licensing statutes),
  - Yoga Instructors.
For rehabilitation services for the treatment of Autism, please refer to the following policy: "Autism."
Utilization management and prior approval will continue to be subject to Member's certificate of coverage.
Services must be performed by a duly licensed and certified provider. All services must be within the scope of the provider's license in order to be eligible for reimbursement.

DEFINITIONS

Clinical Support Program: The focus of OptumHealth Care Solutions program is to align decision-making of practitioners with current best evidence to reduce the variation in decision-making that exists in the practice of physical therapy. Fundamental to the Clinical Support Program is the belief that practitioners are in the best position to determine the appropriate care for their patients and that OptumHealth Care Solutions should function as a clinical resource for the practitioner seeking to obtain best practice information. Interaction in this program between the practitioner and OptumHealth Care Solutions is designed to support a true evidence based learning culture where patient outcomes and accessibility to affordable quality services is our focus.

Clinical Support Program Submission: The submission completed by the patient and the provider and reviewed according to coverage and medical necessity criteria by OptumHealth Care Solutions. Services which are not covered under the Member's health benefits plan are denied and communicated to the provider and member.

Habilitative Services: Health care services that help a person keep, learn or improve skills and functioning for daily living. Habilitative Services include the management of limitations and disabilities, including services or programs that help maintain or prevent deterioration in physical, cognitive, or behavioral function. These services consist of physical therapy, occupational therapy and speech therapy.

Physical Therapy: The treatment of a 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, activities of daily living, and alleviating pain (American Physical Therapy Association).

Occupational Therapy: The use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, physical disability, or other disorder or condition. It includes assessment by means of skilled observation or evaluation through the administration and interpretation of standardized or non-standardized test and measurements. The services of an occupational therapist are necessary to assess the Member's needs, develop goals (to be approved by the physician), to manufacture or adapt the needed equipment to the Member's use, to teach compensatory techniques, to strengthen the Member as necessary to permit use of compensatory techniques, and/or to provide activities which are directed towards meeting the goals governing increased perceptual and cognitive function.

Rehabilitative Services: Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services consist of physical therapy, occupational therapy, and speech therapy in an inpatient and/or outpatient setting.

APPLICABLE CODES

The Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) codes listed in this policy are for reference purposes only. Listing of a service

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code in this policy does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the member specific benefit document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other policies and coverage determination guidelines may apply. This list of codes may not be all inclusive.

CPT Codes Requiring Utilization Review
The following list of CPT codes requires Utilization Review:

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Note:
- *The codes marked with a single asterisk above cannot be billed by an Occupational Therapist.
- Therapists may be reimbursed for evaluations (97001 and 97003) in addition to modalities but may not be reimbursed for E&M codes.
- Initial evaluations (97001 and 97003) are payable only once per condition.
- Evaluations billed on the same day of a treatment modality will be paid out according to the established evaluation rate only.

Reimbursed Per Contracted Rate:
Claims submitted with more than one modality will be reimbursed for the 1st modality for each date of service only and will be paid out at the established per visit rate.

Reimbursed Per Individual Modality:
Approved visits will be reimbursed up to a quantity of three (3) individual modality units for each visit (additional modality units will be subject to medical necessity review and require submission of medical notes).

HCPCS Codes Requiring Utilization Review:

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Non-Reimbursable CPT/HCPCS Codes:

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DESCRIPTION OF SERVICES

This policy provides information regarding Oxford’s coverage of physical and occupational therapy for commercial plans Members.

Exceptions: This policy does not apply to:
- New Jersey Small and New Jersey Individual plans (included in OptumHealth Care Solutions arrangement, but excluded from this policy). Refer to Physical, Occupational

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and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small and New Jersey Individual Plans.

- Self-funded Groups. Refer to: Outpatient Physical & Occupational Therapy for Self-Funded Groups for additional information.

REFERENCES

1. Member Health Benefit Plans and Physical Therapy Riders.


POLICY HISTORY/REVISION INFORMATION

<table>
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| 06/01/2015 | Revised benefit considerations language to indicate:  
  ○ All products have specific benefit limitations/benefit maximums determined by group and individual products; please refer to the Member’s certificate of coverage for specific limitations/maximums  
  ○ Exceptions: This policy does not apply to:  
    ▪ Diagnosis and Treatment for Autism:  
      - Connecticut Plans: In accordance with CT state mandate, coverage must be provided for speech therapy services for the treatment of autism spectrum disorders; refer to the Autism policy for additional information  
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    ▪ All New Jersey Plans (Including For NJ Small and NJ Individual): In accordance with NJ state mandate, Oxford must provide coverage for speech therapy for when the primary diagnosis is autism or another developmental disability; refer to the Autism policy for additional information  
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    ▪ All New Jersey Plans (Including For NJ Small and NJ...
Individual: In accordance with NJ state mandate, Oxford must provide coverage for speech therapy for Members who have been diagnosed with a biologically based mental illness and this includes treatment of any speech impairment; such services remain subject to the cost sharing, visit limitations, referral and precertification requirements that otherwise apply to these benefits

- **Self-funded Groups:** Refer to *Outpatient Physical & Occupational Therapy for Self-Funded Groups* for additional information

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- Updated definitions; added definition of “habilitative services” and “rehabilitative services”
- Archived previous policy version REHABILITATION 023.18 T2