



INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorization Guidelines
Physical Therapy Guidelines for Chronic Conditions

I. Policy:

After careful review of accepted guidelines, and review with experts in physical therapy and rehabilitation, it is IEHP's policy to provide the following services to Members with chronic conditions. Note that occupational therapy can be substituted for physical therapy in appropriate conditions.

- A. The lowest level of care is for the Primary Care Physician (PCP) to send the patient home with an instruction sheet following verbal instruction.
- B. The next level of care is outpatient physical therapy for three (3) visits to instruct the patient in a Home Exercise Program (HEP). It is expected that the second visit will be for re-assessment and re-teaching of the HEP and discussion of problems encountered. The third visit is for the final reinforcement of the HEP. Examples of appropriate chronic conditions of three (3) visits are chronic back pain, fibromyalgia or chronic knee pain.
- C. An outpatient HEP with four (4) visits would be reserved for patients with complex problems or with a recent change in their level of function. An example would be the patient who has chronic back pain and is status post a significant back surgery in the recent (e.g., 6 months to a year) past.
- D. The highest level of care would allow up to 16 additional sessions within a 4-6 week period for most conditions, provided the therapist documents a continuing medical need, evidence of improvement toward reasonable short term goals, or as the Medical Director deems necessary. Further physical therapy sessions may be applied for specific conditions. Appendix A has recommended parameters for frequency and duration of services. Once exceeded, a request for a limited extension of services may be approved at the discretion of the Medical Director. Services provided by physicians, physical therapists and occupational therapists may be considered medically necessary if there are separate and distinct functional goals.

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A Public Entity

II. Background:

Physicians write very broad and discretionary orders for physical therapy such as to “evaluate and treat as needed” with little or no additional specific guidance to the therapist or patient. Medicare states that physical therapy services must be “reasonable and necessary”. Medi-Cal states that services are limited to treatment immediately necessary to prevent or reduce anticipated hospitalization or to continue a necessary plan of treatment after the patient has been discharged from the hospital. A Member receiving physical therapy is expected to “improve significantly in a reasonable and generally predictable period of time”. Attempts to strictly enforce these statements may not be in the best interest of the individual Member. Services must have realistic expectation that the patient will achieve measurable goals as a result of therapy in a predicted time period. Treatment is expected to result in functional improvement (Apollo, 2017). The rehabilitation potential of each case must be assessed in accordance with the patient’s diagnosis, overall condition, special circumstances and abilities.

Initial evaluation by physical or occupational therapy often does not require prior authorization as it is considered medically necessary to assess a physical impairment and formulate a treatment program (Anthem 2017, Cigna 2016). In some cases a specified time period or number of outpatient visits is covered after the initial evaluation or for a specific condition (Aetna, 2017). Standard treatment is based on what is considered medically necessary for loss or restriction of joint motion, strength, functional capacity or mobility which has resulted from disease or injury (Aetna, 2017). Therapy is for such conditions that require the knowledge, skills and judgement of a physical therapist for education and training that is part of an active skilled plan of treatment (Anthem, 2017). Subsequent visits require authorization based on medical necessity.

Effective Date: *April 21, 2005*

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Revised:

March 3, 2010

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October 16, 2017

References:

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3. Apollo Medical Review Criteria Guidelines for Managing Care. POSO-045. Physical Therapy Services; Coverage, Discharge.
4. Cigna Medical Coverage Policy 0096. Effective Date 12/15/2016. Physical Therapy.
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5. Medi-Cal Provider Manuals. Marth 2016. Physical Therapy.
https://files.medi-cal.ca.gov/pubsdoco/...mtp/.../phys_a08o01o11.doc
6. Medicare Benefit Policy Manual. September 2014. Chapter 15, Section 220. Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance.
<https://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

Disclaimer

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

APPENDIX A

OUTPATIENT REHABILITATION			
(Physical Therapy / Occupational Therapy)			
Condition	Treatment Parameters		Condition
			Treatment Parameters
Paralytic Syndrome	5x weekly for 3 months		Contracture of ligament
Contracture of joint	4x weekly for 1 month		Muscle weakness
Joint Stiffness	3x weekly for 1 month		Limb pain
Joint pain	3x weekly for 1 month		Abnormality of gait
Lumbar disc herniation	3x weekly for 1 month		Lack of coordination
Lumbar disc degeneration	3x weekly for 1 month		Arm/shoulder sprain
Torticollis	3x weekly for 3 weeks		Leg/knee sprain
Spinal stenosis	3x weekly for 1 month		Ankle/foot sprain
Spine-lumbago	3x weekly for 1 month		Back sprain
Capsulitis	3x weekly for 3 weeks		Joint replacement
Rotator cuff-tear	3x weekly for 1 month		Post-operative status
Contracture of tendon	4x weekly for 1 month		Limb prosthesis
Muscle spasm	3x weekly for 3 weeks		