

Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) – Site of Service (for Florida Only)

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[Instructions for Use](#)

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| Related Policy |
|---|
| <ul style="list-style-type: none"> Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Florida Only) |

Application

This Medical Policy only applies to the state of Florida.

Coverage Rationale

The purpose of this policy is the following:

- To cover more cost-effective sites of care for certain outpatient therapy services, when medically appropriate, and to improve cost efficiencies for the overall health care system
- To apply to UnitedHealthcare Community Medicaid Plans of Florida

Sites of care for outpatient speech, occupational, and physical therapy procedures must be [Medically Necessary](#), including cost effective, as defined below.

In general, outpatient speech, occupational, and physical therapy procedures can be effectively and safely provided in a free-standing, non-hospital facility.

An outpatient hospital site of care for outpatient therapy may be appropriate when the procedure or specialized therapist training is not available at a free-standing, non-hospital facility. Examples include:

- When care is part of a [Comprehensive Care Management](#) clinic visit for:
 - Cleft lip and palate
 - Paraplegia
 - Quadriplegia
 - Traumatic brain injury
- For care:
 - Immediately following amputation
 - For major multiple trauma
 - For post-acute stroke
 - For severe burn injury

The following will be taken into account to determine whether the speech, occupational and physical therapy sessions can be performed in a more cost-effective setting:

- State Medicaid contract
- Any federal or state requirements
- Geographic availability of an in-network provider
- Free standing clinic/facility capability to accommodate all necessary services

Documentation Requirements

For guidelines addressing the required documentation for the evaluation of outpatient speech, occupational, and physical therapy services, and the criteria utilized to prior authorize therapy visits, refer to the Medical Policy titled [Habilitation and Rehabilitation Therapy \(Occupational, Physical, and Speech\) \(for Florida Only\)](#).

Definitions

Comprehensive Care Management: Care management for complex, chronic conditions including systematic assessment of the patient’s medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services; medication reconciliation with review of adherence and potential interactions; and oversight of patient self-management of medications. (CMS 2016).

Medically Necessary or Medical Necessity: The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs.
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods, or services Medically Necessary or a Medical Necessity or a covered service. Medically Necessary or Medical Necessity for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type. (AHCA, August 2017).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements 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 claim payment. Other Policies and Guidelines may apply.

| CPT Code | Description |
|----------|---|
| 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 (e.g., stuttering, cluttering) |
| 92522 | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); |
| 92523 | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) |
| 92524 | Behavioral and qualitative analysis of voice and resonance |
| 92526 | Treatment of swallowing dysfunction and/or oral function for feeding |

| CPT Code | Description |
|----------|--|
| 92609 | Therapeutic services for the use of speech-generating device, including programming and modification |
| 92610 | Evaluation of oral and pharyngeal swallowing function |
| 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour |
| 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) |
| 97139 | 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) |
| 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. |

| CPT Code | Description |
|----------|---|
| 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 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 (e.g., 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 (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 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. |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), 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 use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes |

| CPT Code | Description |
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| 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 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 |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure |
| 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 |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure |

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| HCPCS Code | Description |
|------------|--|
| G0281 | Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care |
| S8948 | Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes |
| S8990 | Physical or manipulative therapy performed for maintenance rather than restoration |
| S9129 | Occupational therapy, in the home, per diem |
| S9131 | Physical therapy; in the home, per diem |
| S9152 | Speech therapy, re-evaluation |

References

Agency for Health Care Administration, Florida Medicaid, Definitions Policy, August 2017 at http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf. Accessed April 22, 2024.

Centers for Medicare & Medicaid Services (CMS), Chronic Care Management Services, 2016 at <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf>. Accessed April 22, 2024.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 08/01/2024 | <p>Coverage Rationale</p> <ul style="list-style-type: none"> Added language to indicate, in general, outpatient speech, occupational, and physical therapy procedures can be effectively and safely provided in a free-standing, non-hospital facility Replaced language indicating “an outpatient hospital site of care for outpatient therapy is considered Medically Necessary for an individual who meets any of the [listed] conditions” with “an outpatient hospital site of care for outpatient therapy may be appropriate when the procedure or specialized therapist training is not available at a free-standing, non-hospital facility” |

| Date | Summary of Changes |
|------|---|
| | <ul style="list-style-type: none"> Updated list of examples of outpatient therapy services that may be appropriate for outpatient hospital site of care when the procedure or specialized therapist training is not available at a free-standing, non-hospital facility; replaced “[for] <i>medical complications related to</i> immediately following amputation, major multiple trauma, or post-acute stroke” with “<i>for care</i> immediately following amputation, for major multiple trauma, or for post-acute stroke” <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CS161FL.J |

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

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