

Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) (for Kentucky Only)

Policy Number: CS164KY.08
Effective Date: October 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	2
Description of Services	5
Benefit Considerations	5
References	5
Policy History/Revision Information	6
Instructions for Use	6

Related Policy
<ul style="list-style-type: none"> Cognitive Rehabilitation (for Kentucky Only)

Application

This Medical Policy only applies to the state of Kentucky.

Coverage Rationale

Note: This Medical Policy does not apply to cognitive therapy. For outpatient cognitive therapy, refer to the Medical Policy titled [Cognitive Rehabilitation \(for Kentucky Only\)](#).

Refer to the [Kentucky Administrative Regulations \(KAR\), Title 907, Chapter 008, Regulation 040: Coverage of occupational therapy, physical therapy, and speech-language pathology services provided by various entities](#) for coverage of occupational therapy, physical therapy, and speech-language pathology services.

Habilitation, rehabilitation, and maintenance are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® LOC: Outpatient Rehabilitation & Chiropractic.

[Click here to view the InterQual® criteria.](#)

Required Documentation

For required documentation, refer to the [Kentucky Administrative Regulations \(KAR\), Title 907, Chapter 008, Regulation 040: Coverage of occupational therapy, physical therapy, and speech-language pathology services provided by various entities](#).

Discharge Criteria

Discharge criteria includes but is not limited to all of the following (as applicable):

- Treatment goals and objectives have been met
- Functional abilities have become comparable to those of others of the same chronological age and gender
- The desired level of function that has been agreed to by the member and provider has been achieved
- The skill of a therapist or other licensed healthcare professional (within the scope of his/her licensure) is not required
- The member exhibits behavior that interferes with improvement or participation in treatment and efforts to address these factors have not been successful

- In some situations, the member, family, or designated guardian may choose not to participate in treatment, may relocate, or may seek another provider if the therapeutic relationship is not satisfactory. Therefore, discharge is also appropriate in the following situations, provided that the member/client, family, and/or guardian have been advised of the likely outcomes of discontinuation:
 - There is a request to be discharged or request continuation of services with another provider
 - The individual is transferred or discharged to another location where ongoing service from the current provider is not reasonably available; efforts should be made to ensure continuation of services in the new locale
 - The member is unable to tolerate treatment because of a serious medical, psychological, or other condition

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
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

CPT Code	Description
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.
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.

CPT Code	Description
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
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

CPT® is a registered trademark of the American Medical Association

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

HCPCS Code	Description
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

Description of Services

Rehabilitative services are intended to improve, adapt, or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality involving goals an individual can reach in a reasonable period of time. by a therapist or by a therapist/therapy assistant under the direct or general supervision, as applicable, of a therapist. Services may include occupational, physical or speech therapy.

Habilitation Services are health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Maintenance therapy includes services that seek to prevent disease, promote health, and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. Services may include occupational, physical or speech therapy.

Benefit Considerations

Additional Information

- Bilingual and multilingual speakers are frequently misclassified as developmentally delayed. Equivalent proficiency in both languages should not be expected. Members with limited English proficiency must receive culturally and linguistically adapted norm referenced standardized testing in all languages the child is exposed to in order to compare potential deficits. For speech and language therapy services for a member with limited English proficiency, all of the following criteria must be met:
 - All speech deficits must be present in the language in which the member has the highest proficiency; and
 - Language deficits must be present in the language in which the member has the highest proficiency; and
 - Delivery of services must be in the language in which the member has the highest receptive language proficiency
- For members with dyslexia, test results substantiating a diagnosis of receptive or expressive language delay must be included with goals addressing the corresponding language deficits (ASLHA)
- The services must not be duplicate services of another service provided concurrently by any other type of therapy (such as speech, physical, and occupational therapy), and must provide different treatment goals, plans, and therapeutic modalities

References

American Physical Therapy Association (APTA). Documentation: Conclusion of the episode of care summary.

American Physical Therapy Association (APTA). Physical therapy documentation of patient and client management.

American Speech-Language-Hearing Association (ASLHA). (2004). Admission/discharge criteria in speech-language pathology [Guidelines]. [Admission/Discharge Criteria in Speech-Language Pathology \(asha.org\)](https://www.asha.org/public/speech/guidelines/admission-discharge-criteria-in-speech-language-pathology). Accessed March 26, 2024.

American Speech Language Hearing Association (ASLHA). Bilingual service delivery. [Bilingual Service Delivery \(asha.org\)](https://www.asha.org/public/speech/clinical/bilingual-service-delivery). Accessed March 26, 2024.

CMS Medicare Benefit Manual Chapter 12 section 40.2.

HealthCare.gov, Habilitative/Habilitation Services. Available at <https://www.healthcare.gov/glossary/habilitative-habilitation-services/>. Accessed March 26, 2024.

HealthCare.gov, Rehabilitative/Rehabilitation Services. Available at <https://www.healthcare.gov/glossary/rehabilitative-rehabilitation-services/>. Accessed March 26, 2024.

Kentucky Administrative Regulations (KAR), Title 907, Chapter 003, Regulation 130: Medical necessity and clinically appropriate determination basis. Available at: <https://apps.legislature.ky.gov/law/kar/907/003/130.pdf>. Accessed May 22, 2024.

Kentucky Administrative Regulations (KAR), Title 907, Chapter 008, Regulation 040: Coverage of occupational therapy, physical therapy, and speech-language pathology services provided by various entities. Available at: <https://apps.legislature.ky.gov/law/kar/titles/907/008/040/>. Accessed May 22, 2024.

Leung, A., & Kao M.D., C.P. (1999). Evaluation and management of the child with speech delay. *American Family Physician*, 1:59 (11), 3121-3128.

Marian, V, Faroqi-Shah, Y, Kaushanskaya, M, et al. Bilingualism: Consequences for language, cognition, development, and the brain.

The American Speech-Language-Hearing Association (ASHA). www.asha.org. Accessed March 26, 2024.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Policy History/Revision Information

Date	Summary of Changes
10/01/2024	<p>Benefit Considerations</p> <ul style="list-style-type: none">Added language to indicate the services must not be duplicate services of another service provided concurrently by any other type of therapy (such as speech, physical, and occupational therapy), and must provide different treatment goals, plans, and therapeutic modalities <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version CS164KY.07

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.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.