



Medical Coverage Policy

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Outpatient Acute Rehabilitation

Table of Contents

Overview	1
Coverage Policy.....	1
General Background.....	3
Coding/Billing Information.....	4
References	8

Related Coverage Resources

- [Cardiac Rehabilitation \(Phase II Outpatient\)](#)
- [Cognitive Rehabilitation \(CPG 270\)](#)
- [Inpatient Acute Rehabilitation](#)
- [Occupational Therapy \(CPG 155\)](#)
- [Physical Performance Measurement \(CPG 295\)](#)
- [Physical Therapy \(CPG 135\)](#)
- [Pulmonary Rehabilitation](#)
- [Sensory and Auditory Integration Therapy - Facilitated Communication \(CPG 149\)](#)
- [Speech Therapy](#)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses outpatient acute rehabilitation services.

Coverage Policy

In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Coverage for speech therapy varies across plans. Refer to the customer's benefit plan document for coverage details.

Occupational therapy is covered only when provided for the purpose of enabling the individual to perform activities of daily living.

If coverage is available for outpatient acute rehabilitation, the following conditions of coverage apply.

Outpatient acute rehabilitation evaluation is considered medically necessary for the assessment of a physical impairment.

A prescribed course of outpatient acute rehabilitation is considered medically necessary when ALL of the following criteria are met:

- The individual requires comprehensive, coordinated, skilled rehabilitation treatment from a multidisciplinary team consisting of at least two therapies (e.g., physical therapy, occupational therapy, speech therapy).
- The individual is medically stable and is capable and willing to participate in intensive therapy for several hours per day, three to five days per week.
- The rehabilitation program is designed to improve or compensate for lost or impaired functions.
- The rehabilitation program is expected to result in significant therapeutic improvement over a clearly defined period of time.
- The rehabilitation program is individualized, and documentation outlines quantifiable, attainable treatment goals.
- Rehabilitation is not required in an inpatient rehabilitation facility due to BOTH of the following conditions:
 - The individual does not require 24-hour-a-day access to a registered nurse with specialized training in rehabilitation care.
 - The individual does not require frequent rehabilitation team assessment and/or intervention due to the potential risk of significant change in physical or medical status.
- For a child, the treatment plan includes active participation/involvement of a parent or guardian

Note: Continued coverage for outpatient acute rehabilitation requires regular documentation supporting significant progress toward treatment goals.

Intensive rehabilitation in the home is considered medically necessary when the above criteria are met and the individual meets medical necessity criteria for care to be provided in the home. Under many benefit plans, coverage for outpatient multidisciplinary rehabilitation provided in the home setting is generally subject to the terms, conditions and limitations of the applicable benefit plan's Short Term Rehabilitative Therapy benefit and schedule of copayments.

Outpatient acute rehabilitation under ANY of the following circumstances is considered not medically necessary or is excluded from many benefit plans:

- when the individual's condition is such that it would be medically appropriate to receive services in a less intensive setting (e.g., nonacute outpatient program, home)
- when coordinated multidisciplinary care is not provided or required
- when documentation in the medical record does not support the need for outpatient acute rehabilitation
- treatment provided to prevent or slow deterioration in function or prevent reoccurrences
- treatment intended to improve or maintain general physical condition
- long-term rehabilitative services when significant therapeutic improvement is not expected
- services for the purpose of enhancing job, school or athletic performance, or for recreation

Outpatient acute rehabilitation for ANY of the following is considered nonmedical, educational, or training in nature and thus is not medically necessary. In addition, these programs are specifically excluded under many benefit plans:

- work hardening programs
- vocational rehabilitation programs and any programs with the primary goal of returning an individual to work

General Background

Outpatient acute rehabilitation provides intense multidisciplinary services to restore or enhance function post-injury or illness for patients who do not require 24-hour care. While services are based on the assessment of each individual patient's needs, the services should be medically necessary to help patients achieve the skills required to return to their maximum level of functional independence. Furthermore, while initiation and intensity of therapy varies for each medical condition, patients who are not medically stable are not considered candidates for rehabilitative care. Outpatient acute services may be provided in a freestanding rehabilitation hospital, a comprehensive outpatient rehabilitation facility (CORF), or an acute care hospital. When medically necessary, rehabilitation may also be provided in the home setting as an alternative to outpatient acute rehabilitation. This type of rehabilitation provides a multidisciplinary approach to improving the functional skills necessary to perform daily activities while in the patient's own environment (i.e., home). Multidisciplinary rehabilitation provided in the home may be beneficial to a patient who requires both home care and an intense multidisciplinary approach to rehabilitation.

Outpatient acute services are an alternative to acute inpatient rehabilitation, and may be referred to as partial hospital day treatment programs, or day rehabilitation programs. These services are provided to patients who require intense multidisciplinary treatment but not 24-hour care. The program enables the patient to live at home while maintaining access to an interdisciplinary team and rehabilitative equipment. Typically, the patient spends several hours, three to five days per week, in an outpatient acute or hospital day program. Intense outpatient rehabilitative programs require the patient's independent transportation to and from the facility, unless provided in a home setting.

Admission to a program is dependent on the patient's clinical needs. The services provided should be accepted as standards of medical practice that are specific and effective treatment for the condition, and should be provided at a level of complexity that requires it be performed by a qualified therapist, or the patient's condition requires the skills of a therapist, and there is expectation of improvement over a reasonable amount of time.

Rehabilitation Team and Available Services

The multidisciplinary team includes members such as physical therapists, occupational therapists, and speech-language therapists in addition to rehabilitation nurses and social workers. During intense outpatient rehabilitation, the rehabilitation services are provided at a single location in a coordinated fashion. The overall goal is to help the physically or cognitively impaired to achieve or regain their maximum functional potential for mobility, self-care and independent living, although not necessarily complete independence. The available services involve a comprehensive multidisciplinary team approach of providing skilled rehabilitation, which may include any of the following services:

- Physician services
- Physical therapy
- Social or psychological services
- Occupational therapy
- Speech therapy
- Respiratory therapy
- Prosthetic and orthotic services
- Nursing services

Rehabilitative care services are determined by the patient's functional needs and the availability of resources. Documentation provided in the patient's medical record should support medical necessity and should include relevant medical history, including the patient's rehabilitation potential and prior level of function, physical examination, and results of pertinent diagnostic test or procedures. In addition, the documentation should reflect the ongoing assessment and necessary adjustments to plan of care. Social or psychological services may include group therapy. Group therapy offers informal, communal support of a peer group as well as formal, structured support from professionals with specialized training. They teach group members proven strategies for managing specific problems.

Current functional status and measurable goals individualized to the needs and abilities of the patient should be part of the plan of care. The patient's progress toward established goals should be reviewed at least weekly and should include objective measurements (e.g., functional independence measure [FIM] scores) as well as a clinical narrative which demonstrates functional improvement and progress toward attainable treatment goals as a result of the therapy provided. Conflicting documentation between disciplines, widely fluctuating patient abilities, or failure to progress as planned should be explained and a realistic plan to address the problem identified. The plan of care should also include documentation of discharge plans.

Physician Referral

In order for a patient to receive outpatient acute rehabilitation services, the patient should be under the care of a physician who certifies that the patient needs and can tolerate a program of intensive skilled rehabilitation. In addition, the physician should furnish a detailed treatment plan constructed after consultation with the treating physical therapist(s), occupational therapist(s), nurse(s), and/or speech-language therapist(s). The treatment plan should include the patient's diagnosis, the type, amount, duration and frequency of the skilled rehabilitation services being proposed and established goals. The treatment plan should provide adequate detail on the specific need for the skilled service and of the potential benefit the patient will receive. Documentation should reflect active involvement of each discipline, as well as a coordinated team approach in order to meet individualized patient goals. The treatment plan should be reviewed at least weekly and should document progress toward the established goals. Once established goals for treatment have been met, or when there is no further progress, intense outpatient rehabilitation therapy is no longer medically necessary.

Literature Review

Organized, multidisciplinary rehabilitative care has been shown to improve functional outcomes in selected groups of patients. Rehabilitation interventions are considered clinically appropriate for conditions that result in functional impairment such as stroke, musculoskeletal disorders, amputations, hip fractures, cardiac conditions and pulmonary conditions. Evidence in the peer-reviewed, scientific literature suggests that early identification of rehabilitation needs and early start of rehabilitation services can reduce health-care costs, length of stay and disability for some patients; however, scientific literature does not demonstrate superiority of one type of rehabilitative setting over another. The patient's medical stability and intensity of rehabilitative needs are the most important determinants for the appropriate choice of rehabilitation setting.

The American Board of Internal Medicine's (ABIM) Foundation Choosing Wisely® Initiative

No specific relevant information found.

Centers for Medicare & Medicaid Services (CMS)

- National Coverage Determinations (NCDs): No NCD found.
- Local Coverage Determinations (LCDs): No LCDs found.

Use Outside of the US

No specific relevant information found.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.

2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	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

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 (eg,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
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)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one 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 (ie, 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 (eg, 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 (ie, 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 (eg, 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 (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

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

HCPCS Codes	Description
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem
S9152	Speech therapy, re-evaluation

Considered Not Medically Necessary:

CPT®* Codes	Description
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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.
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; 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.
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.

97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)

HCPCS Codes	Description
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology therapy maintenance program, each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit

***Current Procedural Terminology (CPT®) ©2019 American Medical Association: Chicago, IL.**

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