

# POLICY – MPP – Skilled Therapies

<b>Department/Team</b>	Medical Management/Medical Payment Policy (MPP)
<b>Approval By</b>	HQUM
<b>Approval Date</b>	September 27, 2022
<b>Effective Date</b>	October 27, 2022
<b>Line of Business</b>	<input checked="" type="checkbox"/> Virginia Premier (Medicaid) <input checked="" type="checkbox"/> D-SNP

## PURPOSE

This policy outlines guidelines and criteria for coverage determination of skilled therapies, specifically occupational, physical, and speech therapy.

## DESCRIPTION

Rehabilitation services are medically prescribed treatment for improving or restoring functions that have been impaired by illness or injury, or where function has been permanently lost or reduced by illness or injury, to improve the individual’s ability to perform those tasks required for independent functioning. Rehabilitation services may also be provided for speech impairments secondary to developmental delays, autism, and other related communication disorders.

## GUIDELINES/INSTRUCTIONS

**SCOPE:** This policy addresses the medical necessity of occupational, physical, and speech therapy.

## POSITION:

### Medallion 4.0 and CCC+

In accordance with the [DMAS Rehabilitation Manual](#), Chapter IV, Revision 8/15/22, Virginia Premier considers Outpatient Rehabilitation Services to be medically necessary when the following criteria are met:

- The member must meet InterQual criteria upon admission. (The InterQual criteria may be obtained through McKesson Health Solutions LLC.)
- The outpatient rehabilitation services are prescribed by a licensed practitioner of the healing arts within the scope of practice.

Virginia Premier considers admissions for evaluation and/or training solely for vocational or educational purposes or for developmental or behavioral assessments to be not medically necessary.

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Virginia Premier considers continuation of outpatient rehabilitation services past 20 weeks authorization period to be medically necessary when the following criteria are met:

1. The member continues to demonstrate functional limitations and deficits in activities of daily living or speech in comparison to age-appropriate norms; AND
2. The documentation includes objective measurements of the member’s functional; AND limitations supporting the member’s deficits compared to age-appropriate norms; AND
3. Documentation supports the member has made measurable improvement toward short-term goals since the previous review periods; AND
4. Documentation supports the member continues to engage in prescribed therapy program and home therapy program if applicable; AND
5. Documentation supports the member continues to benefit from prescribed therapies
6. Documentation supports the member will reasonably continue to benefit from prescribed therapy program; AND
7. Documentation supports the member and care giver are willing to continue to participate in prescribe therapies including home therapy program if applicable

## D-SNP

Virginia Premier considers occupational, physical, and/or speech therapy to be medically necessary when the member and documentation meet the authorization criteria set out by the Medicare Benefit [Policy Manual, Chapter 15](#), (accessed September 13, 2022) 220.1 - Conditions of Coverage and Payment for Outpatient Physical Therapy, Occupational Therapy, or Speech-Language Pathology Services.

## CODING

### CPT

CPT	Code Description
31579	Laryngoscopy, flexible or rigid telescopic with stroboscopy
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC INDIV
92508	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC 2/>
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (S
92512	NASAL FUNCTION STUDIES (EG, RHINOMA
92520	LARYNGEAL FUNCTION STUDIES
92521	EVALUATION OF SPEECH FLUENCY
92522	EVALUATE SPEECH PRODUCTION

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92523	SPEECH SOUND LANG COMPREHEN
92524	BEHAVRAL QUALIT ANALYS VOICE
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING
92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR
92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ
92607	EX FOR SPEECH DEVICE RX 1HR
92608	EVALUATION FOR PRESCRIPTION FOR SPE
92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ
92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ
92611	MOTION FLUOROSCOPIC EVALUATION OF S
92612	ENDOSCOPY SWALLOW (FEES) VID
92613	ENDOSCOPY SWALLOW (FEES) I&R
92614	LARYNGOSCOPIC SENSORY VID
92615	LARYNGOSCOPIC SENSORY I&R
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVAL
92617	FEES W/LARYNGEAL SENSE I&R
92618	EX FOR NONSPEECH DEV RX ADD 30 min
92626	EVAL AUD FUNCJ 1ST HOUR
92627	EVAL AUD FUNCJ EA ADDL 15
92630	AUD REHAB PRE-LING HEAR LOSS
92633	AUD REHAB POSTLING HEAR LOSS
96105	ASSESSMENT OF APHASIA
96110	DEVELOPMENTAL SCREEN W/SCORE
96112	DEVEL TST PHYS/QHP 1ST HR
96113	DEVEL TST PHYS/QHP EA ADDL 30 min
96125	COGNITIVE TEST BY HC PRO
97001	PHYSICAL THERAPY EVALUATION
97002	PHYSICAL THERAPY RE-EVALUATION
97003	OCCUPATIONAL THERAPY EVALUATION
97004	OCCUPATIONAL THERAPY RE-EVALUATION
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS, HOT/COLD PACK
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS, TRACTION
97014	ELECTRIC STIMULATION THERAPY
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS, VASOPNEUMATIC DEVICE
97018	PARAFFIN BATH/WAX TREATMENT
97020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL
97022	EVALUATE SPEECH PRODUCTION
97024	DIATHERMY EG MICROWAVE
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREA, INFRARED

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97028	APPLICATION OF A MODALITY TO ONE OR
97030	PHYSICAL THERAPY UNLISTED
97032	ELECTRICAL STIMULATION
97033	ELECTRIC CURRENT THERAPY
97034	CONTRAST BATH THERAPY
97035	Ultrasound, each 15 minutes
97036	Hydrotherapy, each 15 minutes
97039	UNLISTED MODALITY (SPECIFY TYPE AND
97050	PHYSICAL THERAPY TREATMENTS
97101	EXTENDED THERAPY
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCAJ
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINJ W/STAIR
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE
97129	THER INTERVENTION FOCUSING ON COGNITIVE FUNCITON, INIT 15 MIN
97130	THER INTERVENTION FOCUSING ON COGNITIVE FUNCITON, ADD 15 MIN
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS
97161	PT EVAL LOW COMPLEX 20 MIN
97162	PT EVAL MOD COMPLEX 30 MIN
97163	PT EVAL HIGH COMPLEX 45 MIN
97164	PT RE-EVAL EST PLAN CARE
97165	OT EVAL LOW COMPLEX 30 MIN
97166	OT EVAL MOD COMPLEX 45 MIN
97167	OT EVAL HIGH COMPLEX 60 MIN
97168	OT RE-EVAL EST PLAN CARE
97169	ATHLETIC TRN EVAL LOW Cmplx
97170	ATHLETIC TRN EVAL MOD Cmplx
97171	ATHLETIC TRN EVAL HIGH Cmplx
97172	ATHLETIC TRN RE-EVAL PLAN CR
97530	THER ACTV DIR PT CONTACT BY PROVIDER EACH 15 MIN
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES
97537	COMMUNITY/WORK REINTEGRATION TRAINING EA 15 MIN
97542	WHEELCHAIR MGMT EA 15 MIN
97545	WORK HARDENING/CONDITIONING 1ST 2 HR
97546	WORK HARDENING/CONDITIONING EACH HOUR
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN

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- 97755 ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN
- 97760 ORTHOTIC MGMT&TRAINJ UXTR LXTR&/TRNK EA 15 MIN
- 97761 PROSTHETIC TRAINING UPPR&/LOWER EXTREM EA 15 MIN
- 97763 ORTHOTICS/PROSTH MGMT &/TRAINJ SBSQ ENCTR 15 MIN
- 97799 UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC
- S8950 COMPLEX LYMPHEDEMA THERAPY, EACH 15 MIN
- S9152 SPEECH THERAPY, RE-EVALUATION

## REFERENCES

1. DMAS Rehabilitation Manual, Chapter IV, Revision 8/15/22 Accessed 9/13/22
2. Medicare Policy Manual Chapter 15, (Rev. 11426, 05-20-22) Accessed 9/13/22

Related Documents

Revision History		
Date	By	Description
11/16/2022	Amy Ridolphi	Updates to the template