Department:	Medical Management	**Original Approval:**	12/03/2008
Policy #:	MM125	**Last Approval:**	12/20/2018
Title:	Physical Therapy		
Approved By:	UM Committee		

REQUIRED DOCUMENTATION:

Therapy progress notes that clearly state:

- condition being treated,
- current treatment,
- number of sessions the member has had,
- member's response to the treatment,
- member's attendance and participation in therapy
- member's participation in the home exercise program,
- specifics regarding both long-term and short-term goals of treatment
- measurable objectives and timelines
- plan for treatment, techniques, exercises, follow up, frequency and duration
- Services must be provided by licensed physical therapist

BACKGROUND

None

DEFINITIONS

None.

CRITERIA

Medicaid Members	MM125
Medicare Members	MM125

INDICATIONS/CRITERIA FOR PATIENTS AGE 20 YEARS AND YOUNGER:

Services must meet the following criteria:

- Be individualized, specific, consistent with symptoms or confirmed diagnosis of illness or injury under treatment and not in excess of the member's needs
- Cannot be 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 member, the member's caretaker or the provider.

For children with specifically diagnosed chronic care needs or disabilities

The same criteria must be met as for other children. However, extended therapy may also be indicated when progress toward the following goals is clearly documented:

- Therapy allows continued ability to benefit from special education programs and/or
- Therapy is for pain management and/or
- Therapy reduces the risk for loss of previously acquired function

Treatment plans for special consideration must include documentation of parent/caregiver participation at each visit and training of personal care attendants when applicable.

Unless specified above, documentation procedures are the same for services to be provided to ALL children.

INDICATIONS/CRITERIA FOR PATIENTS AGE 21 YEARS AND OLDER:

In all cases, therapy must be designed to achieve a specific diagnosis-related goal for a patient who has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time. The treatment provided must be specific, effective, and reasonable for the patient's diagnosis and physical condition.

REQUIREMENTS FOR ADDITIONAL/EXTENDED VISITS

There must be evidence of support of extended care by the referring provider after an initial 60 days.
This Plan of Care must be updated if the patient's condition worsens.
The following Medical necessity criteria must be met for continuation of therapy:

- Functional progress has been made during initial therapy, or patient requires maintenance therapy plan to prevent further deterioration or preserve existing function.
- Goals of therapy are not yet met.
- Patient is actively participating in treatment sessions.
- Patient is adherent to plan of care.
- The Plan of Care must include ALL of the following:
    - The date of onset or exacerbation of the disorder
    - Specifics regarding both long-term and short-term goals
    - Measurable objectives
    - A reasonable estimate of the timelines for the specific goals
    - Specifics regarding the treatment techniques and/or exercises to be employed
    - The frequency and duration of treatment

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR		
WAC		
RCW		
Contract Citation	☒ WAH	17.1.14 Occupational Therapy, Speech Therapy, and Physical Therapy
	☐ IMC	
	☒ MA	
References	American Academy of Pediatrics, Prescribing Therapy Services for Children with Motor Disabilities, Linda J. Michaud and Committee on Children with Disabilities, Pediatrics 2004; 113:6 1836-1838	
Other Requirements		
NCQA Elements		

Revision History

Revision Date	Revision Description	Revision Made By
12/03/2008	Approval	MMLT
12/08/2010	Approval	MMLT
12/14/2011	Approval	MMLT
11/28/2012	Approval	MMLT

09/24/2013	Clarification of pediatric criteria added	K. Brostoff MD
09/25/2013	Approval	MMLT
08/27/2014	Updated Product Line Information and Links	Andrew Boe
09/24/2014	Approval	MMLT
09/11/2015	Updated references and links	K. Brostoff MD
09/21/2015	Approval	MMLT
09/12/2016	Formatting changes. Removed "Certain contracts permit a defined number of visits before requiring prior authorization of additional visits." Updated reference links. Replaced Milliman Care Guidelines with MCG	Cyndi Stilson, RN
09/13/2016	Reviewed – no changes	Jane Daughenbaugh, RN
09/27/2016	Approved	MMLT
12/19/2016	Updated to reflect new prior authorization criteria for 2017	Cyndi Stilson, RN
12/22/2016	Approval	MMLT
01/16/2018	Minor edits This CCC was previously a UM Policy but was converted into MM Clinical Coverage Criteria.	LuAnn Chen, MD
02/09/2018	Approval	MMLT
07/31/2018	Added required documentation, added AH contract citation. Clarified that MCG criteria are the current edition. Removed reference to prior authorization because this is detailed on the PA list. Changed approving body to UM Medical Subcommittee.	LuAnn Chen, MD
08/14/2018	Approval	UM Medical Subcommittee
12/13/2018	Added criteria for continuation of therapy so MCG is no longer referenced. Organized CCC by age of member.	LuAnn Chen, MD
12/20/2018	Approval	UM Medical Subcommittee