



NON COVERED PHYSICAL THERAPY SERVICES  
THE803.008

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COVERAGE:

Coverage is not allowed for the following physical therapy modalities as they are not considered medically necessary, and therefore, are not eligible for benefits:

- Any PT modality if the only diagnosis is post operative bunionectomy,
- Diathermy, ultrasound and heat treatments for pulmonary conditions,
- Diapulse,
- Intermittent motorized traction, intersegmental traction,
- Vapor coolant,
- Craniosacral therapy,
- Kinesiology,
- Chondroplus; including effleurage, petrissage, and/or tapotement)
- Anatomotor, mechanical massage and spinal mobilization of the soft tissue,
- Percussion hammer (a hand held device used on soft tissue and joints preparatory to manipulation),
- Magnatherm therapy (pulsed short-wave therapy), a form of diathermy,
- Fluori-methane, another description for "spray and stretch technique" for myofascial pain,
- Helium Neon Laser, a non-invasive technique used for pain management and promotion of wound healing (not FDA approved),
- Fluidotherapy, a heat modality used interchangeably with a paraffin bath or thermoset. Approval has not been given by the FDA for Model T<sup>2</sup> for home use, however, benefits may be allowed for hospital or office use of the Model T.

Hydrocollators are not a covered benefit as they are considered a convenience item when used at home. When used in the office or clinic setting, they are considered a part of the office/clinic equipment and as such are part of the business overhead.

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DESCRIPTION:

Non covered physical therapy services are services which do not require the skills of a licensed physical therapist. These services include the following:

- Repetitive exercise to improve gait, maintain strength and endurance, and assistive walking such as that provided in support for feeble or unstable patients;
- Range of motion and passive exercises which are not related to the restoration of a specific loss of function, but are useful in maintaining range of motion in paralyzed extremities;
- General exercise programs, even when recommended by a physical therapist.

Modalities that have not been accepted as effective and/or safe for

the treatment of disease or injury are non-covered.

A Hydrocollator is a heating unit that provides a supply of temperature consistent HotPacs

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RATIONALE:

None

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DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member's contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general policies and procedures.

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Posted Jan. 7, 2003