INFORMATION ON PHYSICAL THERAPY
THE803.010

COVERAGE:

Contract benefits should be provided for medically necessary physical therapy services (PT) which are related to a covered injury, illness, or disease. PT services may be performed by licensed providers acting within the scope of their license and under the direction of the patient's physician.

- The services are to be performed according to a written plan of treatment, developed by the physical therapist after a pertinent assessment of the condition has been performed, and after the patient's physician has established a diagnosis and ordered the PT treatment. The plan must indicate the type, amount, frequency, and duration of the physical therapy services and must be approved by the patient's physician.

NOTE: If a chiropractor is the attending provider and will administer the physical therapy treatment, he or she will prepare the written plan of treatment.

- There must be a reasonable expectation that the condition will improve within a reasonable and predictable time frame.

- The therapeutic goal of the therapy should be clearly stated and the patient's record should have written evidence demonstrating progress.

- Adjunctive modalities to help achieve a tolerance level for the therapeutic procedures should be reviewed for medical necessity.

NOTE: The patient's contract may need to be consulted for specific coverage or limitations on Physical Medicine/Physical Therapy benefits.

To be considered eligible for coverage, PT services must meet all of the following criteria:

- performed to meet the functional needs of a patient who suffers from physical disability due to illness, injury, congenital anomaly, or prior therapeutic intervention,

- performed to achieve a specific diagnosis-related goal for a patient for whom reasonable expectation exists of achieving measurable improvement in a reasonable and predictable period of time,

- the proposed treatment is specific, effective and reasonable for the patient's diagnosis and physical condition,

- delivered by a qualified provider of PT services. A qualified provider is one who is licensed where required and is
performing within the scope of his/her license, and

**DOCUMENTATION REQUIRED:**

- The medical record must indicate that the patient is under the care of a physician/chiropractor for the diagnosis and/or condition which requires PT services.

- A written plan of treatment, approved by the patient's physician, relating the type, amount, frequency, and duration of the physical therapy services must be part of the record.

- The medical record should have written evidence demonstrating progress.

- PT services are considered medically necessary only if there is a reasonable expectation that physical therapy will achieve measurable improvement in the patient's condition in a reasonable and predictable period of time.

- The treatment goals and subsequent documentation of treatment results must specifically demonstrate that PT services are effective.

**PHYSICAL THERAPY ACT**

Pursuant to the TEXAS PHYSICAL THERAPY ACT of 1993, PT services provided by a physical therapist require a referral from a licensed health care professional who, within the scope of their licensure, is authorized to refer for health care services. If treatment for an injury or condition beyond that which was specified on the original referral is provided, the following conditions must be met:

- treatment must be started within one year of the original referral,

- the physical therapist must notify the referring practitioner within 5 business days of the additional treatment, and

- the physical therapist must confer with the referring practitioner if treatment, beyond that indicated by the original referral, continues beyond 20 treatment sessions or 30 consecutive calendar days, whichever occurs first.

**PHYSICAL THERAPY FOR DEVELOPMENTALLY DISABLED CHILDREN:**

The medical necessity of claims for developmentally disabled children ages zero (0) to twenty-one (21) years of age should be individually reviewed and considered under the following conditions:

- Diagnosis of major neurological problems including cerebral palsy, and

- Significant injury that interferes with body function (i.e., burns, sprains, breaks). Account of these injuries must be supported with documentation as to date and severity of injury.

Occupational therapy or PT consisting of the following services (see bullets below) **ARE MEDICALLY NECESSARY** if the services are a result of
and related to an acquired brain injury. Texas House Bill 1676 requires that these services be allowed as a medical benefit as opposed to a mental health benefit. For diagnoses other than those related to an acquired brain injury, occupational therapy or PT consisting of the following services **ARE NOT MEDICALLY NECESSARY:**

- self care/home management training (i.e., activities of daily living and compensatory training, meal preparation, safety procedures, use of adaptive equipment, etc.), or
- community/work reintegration (i.e., shopping, money management, etc.)

Services that do not require the skill of a licensed physical therapist or physician/chiropractor are not eligible for benefits.

**DESCRIPTION:**

Physical Therapy is the treatment of disease or injury by the use of therapeutic exercise and other interventions that focus on improving:

- posture,
- coordination,
- locomotion,
- joint mobility,
- strength,
- flexibility,
- endurance,
- functional activities of daily living,
- balance, and
- alleviating pain.

Treatment may include:

- hydrotherapy,
- electrotherapy,
- provision of heat and cold through a variety of means, and
- techniques based upon bio-mechanical and neuro-physiological principles.

Other interventions might include devices used to:

- relieve pain,
- restore function, and
- reduce the intensity of symptoms or the severity of the disability due to disease, congenital anomaly, injury or impairment from a prior therapeutic intervention.

**RATIONALE:**

None

**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 polices and procedures.

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