



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

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Coverage Policy Number 0232

Subject Occupational Therapy

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- Complementary and Alternative Medicine
- Dry Hydrotherapy
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- Inpatient Acute Rehabilitation
- Massage Therapy
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- Sensory and Auditory Integration Therapy - Facilitated Communication
- Speech Therapy for Swallowing and Feeding Disorders
- Work Hardening Programs

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans as well as benefit plans formerly administered by Great-West Healthcare. Please note, the terms of a participant's particular benefit plan document [Group Service Agreement (GSA), 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 participant'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 participant's benefit plan document **always supercedes** 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 group 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, CIGNA delegates utilization management of specific services. In these situations, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of CIGNA. Copyright ©2009 CIGNA

Coverage Policy

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

Under many benefit plans, coverage for outpatient occupational therapy programs and occupational therapy provided in the home is subject to the terms, conditions and limitations of the applicable benefit plan's Short-Term Rehabilitative Therapy benefit and schedule of copayments. Under many plans, coverage of inpatient occupational therapy is subject to the terms, conditions and limitations of the Other Participating Health Care Facility/Other Health Care Facility benefit as described in the applicable plan's schedule of copayments.

Many benefit plans have exclusion language and/or limitations that impact coverage of occupational therapy, including any or all of the following:

- **A maximum allowable occupational therapy benefit for duration of treatment or number of visits. When this is present and the maximum allowable benefit is exhausted, coverage will no longer be provided even if the medical necessity criteria described below are met.**
- **Occupational therapy is covered only when provided for the purpose of enabling the member to perform the activities of daily living.**
- **Specific coverage exclusions for rehabilitative services for learning disabilities, developmental delays, autism, and mental retardation and/or for that which is not restorative in nature.**
- **Specific coverage exclusions for maintenance or preventive care consisting of routine, long-term, or non-medically necessary care provided to prevent recurrences or to maintain the member's current status.**
- **Under many benefit plans formerly administered by Great-West Healthcare, occupational therapy is only covered to attain the maximum level of physical and psycho-social independence following acute disease, injury, condition, or loss of body part when the occupational therapy services are expected to result in significant clinical improvement within two months.**

If coverage is available for occupational therapy, the following conditions of coverage apply.

CIGNA covers an occupational therapy evaluation as medically necessary for the assessment of a physical impairment.

CIGNA covers a prescribed course of occupational therapy by an appropriate healthcare provider as medically necessary when ALL of the following criteria are met:

- The program is designed to improve or compensate for lost or impaired physical functions, particularly those impacting activities of daily living, resulting from illness, injury, congenital defect, or surgery.
- The program is expected to result in significant therapeutic improvement over a clearly defined period of time.
- The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals.

CIGNA does not cover occupational therapy for the following services, as they are excluded from many benefit plans and considered not medically necessary when used for these purposes:

- 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
- occupational therapy that duplicates services already being provided as part of an authorized therapy program through another therapy discipline (e.g., physical therapy)

CIGNA does not cover the following treatments/programs, because they are considered to be nonmedical, educational or training in nature and thus are not medically necessary. In addition, these treatments/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
- group occupational therapy (because it is not one-on-one, individualized to the specific person's needs)
- driving safety/driver training

General Background

Occupational therapy (OT) is the use of purposeful activity or interventions designed to achieve functional outcomes which promote health or prevent injury or disability. It includes assessment by means of skilled observation or evaluation through the administration and interpretation of standardized or nonstandardized tests and measurements. OT is a form of health care that actively involves the patient in therapeutic tasks and activities. OT may be appropriate for clinical findings such as changes in fine motor abilities, decreased strength or range of motion in small muscle groups, presence of pain, difficulty with activities of daily living (ADLs), and circulatory problems (e.g., edema). Related OT services include fabrication and/or selection and training in the use of orthoses, custom therapeutic garments, upper-extremity prosthetics and adaptive equipment/assistive technology. Techniques or equipment may be adapted to improve function in such areas of ADL as self-care (e.g., bathing, dressing, toileting, grooming, feeding), written communication, and community re-entry.

OT interventions should be structured, systematic, goal-directed, individualized and restorative. The OT clinical records should document the necessity of an OT course through objective findings and subjective complaints. The use of group therapy is not one-on-one, individualized to the specific patient needs.

An OT treatment plan should include the following elements:

- planned modalities
- frequency of treatment
- attainable short- and long-term goals that can be objectively measured
- duration of treatment, with an estimated date when established goals will be achieved
- plan to transition to a self-administered home program

There should be a reasonable expectation that the identified goals will be met. If no improvement is documented after two weeks of treatment, an alternative treatment plan should be attempted. If no significant improvement is documented after a total of four weeks, re-evaluation by the referring provider may be indicated.

If measurable improvement is made, and continued treatment is requested by the occupational therapist, the patient's progress toward identified goals should be clearly documented and the treatment plan updated accordingly.

Many patients with neuromuscular, skeletal or physical motion impairment may experience improvement when following home treatment programs prescribed by their providers. Home treatment programs may include pharmacotherapy, modifications to diet and lifestyle, splinting, supporting or wrapping, and self-monitored, graded exercise therapy that does not require professional or medical supervision.

Modalities and Procedures

The American Medical Association (AMA) Current Procedural Terminology (CPT) manual defines a modality as "any physical agent applied to produce therapeutic changes to biologic tissue; includes but is not limited to thermal, acoustic, light, mechanical, or electric energy." (AMA, 2008) Modalities may be supervised, not requiring direct patient contact by the provider, or modalities may require constant attendance by a healthcare professional. Examples of supervised modalities may include application of: hot or cold packs, vasopneumatic devices, whirlpool, diathermy and infrared. Modalities that require constant attendance include: ultrasound, electrical stimulation, and iontophoresis. The AMA CPT manual defines therapeutic procedures as "A manner of effecting change through the application of clinical skills and/or services that attempt to improve function." (AMA, 2008) Examples of therapeutic procedures include therapeutic exercise to develop strength and endurance, range of motion and flexibility; neuromuscular re-education of movement, balance and coordination; and manual therapy techniques.

The following list includes interventions that are associated with OT. This material is for informational purposes only and is not indicative of coverage.

- activities of daily living training and functional activities: training in self-care activities
- aquatic therapy or pool therapy: exercise in a gravity-reduced, nonweight-bearing environment performed for muscle strengthening
- body mechanics, including kinetic and isotonic exercise: e.g., body scheme recalibration
- cutaneous sensation tests, including for touch, textural discrimination, pain, and temperature

- diathermy: local temperature elevation within the tissues believed to promote healing; produced by application of high-frequency current, usually ultrasonic or microwave current; commonly used in acute phases of trauma recovery
- fine motor assessments
- hemispheric dominance and compensation strategies
- hot and cold packs: the use of moist heat is intended to increase blood flow to the area, reduce pain and improve motion. Typically performed in the acute phase of an injury, the application of cold reduces blood flow to the area to reduce swelling and for pain relief.
- hydrotherapy: application of water in treatment of disease, e.g., contrast baths, whirlpool, Hubbard tank
- infrared: involves the treatment of damaged tissues with light from a single beam of low-intensity infrared laser or light-emitting diode; the energy is perceived as heat in superficial tissues; for stimulation of circulation (local and general) and pain relief (Note: this does not refer to the Anodyne[®] Therapy System, which involves delivery of infrared with an array of light-emitting diodes, also referred to as monochromatic near-infrared photoenergy [MIRE] therapy. (Please refer to the CIGNA HealthCare Coverage Position titled "Anodyne[®] Therapy")
- iontophoresis: treatment based on the principle of like-ion repulsion; delivered by continuous direct current (DC)
- isokinetic exercise: muscle contraction during which force is exerted but muscle shortening is maximal
- manipulations: especially hand, in-hand and grasp
- massage therapy: applying pressure with the hands, primarily to affect the musculoskeletal, circulatory-lymphatic system or nervous system to treat discomfort or pain
- mobilizations and movement patterns, including speed, positioning, distance and location cues in movement
- myofascial release: soft-tissue mobilization, similar to the effect achieved by massage therapy
- neuromuscular stimulation: electrical current applied to stimulate motor nerves and induce muscle contraction
- orthotic device training: training with orthotic devices such as braces and splints
- paraffin baths: repeated immersion and withdrawal of limb into warm paraffin soak until temporarily encased; used for topical heat application to traumatized or inflamed extremities
- perceived motor competence and perceptual motor therapy
- prosthetic training: training/re-education with prosthetic devices
- range of motion (ROM): active or passive arcs of mobility as permitted by joint's construction; should be confined to a pain-free arc, which increases as healing occurs
- splinting and arm-hand posture
- self-care efficiencies
- tactile and tactile-location functions: active and passive
- therapeutic exercises: exercise to improve functional status by increasing muscle strength and improving flexibility
- transcutaneous nerve stimulation (TENS): thought to generate neuroregulatory peripheral and central effects and modulate pain transmission
- ultrasound (US) therapy: sub-audible, high-frequency vibrations that produce nonthermal physiological effects and may be perceived as heat in superficial tissues
- ultraviolet (UV) therapy: energy perceived as heat in superficial tissues; also called light therapy

The application of therapeutic modalities is based on empirical experience. Few clinical trials have been undertaken to assess the effects of individual modalities on the treatment of specific conditions. In addition, because rehabilitation programs typically include several treatment interventions in each session, it is difficult to draw conclusions regarding the efficacy of individual interventions.

There is a limited amount of evidence regarding individual occupational therapy interventions for specific conditions. There are several Cochrane systematic reviews that have been published regarding occupational therapy for various conditions (Steultjens, et al., 2004; Steultjens et al., 2005; Legg et al., 2006; Dixon et al., 2007). The reviews in general found that that there is improvement seen with occupational therapy however, evidence with respect to specific interventions is limited.

Summary

Occupational therapy (OT) is program of treatment rendered for the purpose of improving or restoring lost or impaired physical function resulting from illness, injury, congenital defect or surgery. OT should be structured, goal-directed, and individualized in nature. The therapy should be expected to result in significant therapeutic improvement. While there are limited clinical trials published regarding the efficacy of specific OT interventions for specific conditions, it is considered a standard-of-care in management of musculoskeletal conditions.

Coding/Billing Information

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

Covered when medically necessary:

CPT[®]* Codes	Description
97003	Occupational therapy evaluation
97004	Occupational therapy re-evaluation
97010	Application of a modality to one 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 one or more areas; electrical stimulation (unattended)
97016	Application of a modality to one or more areas; vasopneumatic devices
97018	Application of a modality to one or more areas; paraffin bath
97022	Application of a modality to one or more areas; whirlpool
97024	Application of a modality to one or more areas; diathermy (eg. microwave)
97026	Application of a modality to one or more areas; infrared
97028	Application of a modality to one or more areas; ultraviolet
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one 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, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (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 by provider, each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, 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 by provider, with written report, each 15 minutes

97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

HCPCS Codes	Description
G0129	Occupational therapy requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per day
G0152	Services of occupational therapist in home health setting, each 15 minutes
S9129	Occupational therapy, in the home, per diem

ICD-9-CM Diagnosis Codes	Description
	Multiple/varied

Educational or training in nature/Not medically necessary/Not Covered:

CPT* Codes	Description
97150	Therapeutic procedure(s), group (2 or more individuals)
97537	Community/work integration 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 by provider, each 15 minutes
97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening/conditioning; each additional hour

HCPCS Codes	Description
	No specific codes

ICD-9-CM Diagnosis Codes	Description
V57.22	Encounter for vocational therapy
	Multiple/varied

*Current Procedural Terminology (CPT®) © 2008 American Medical Association: Chicago, IL.

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	11/15/2008	0232	Occupational Therapy

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Connecticut General Life Insurance Company has acquired the business of Great-West Healthcare from Great-West Life & Annuity Insurance Company (GWLA). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA's subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y.