



CIGNA MEDICAL COVERAGE POLICY

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

Effective Date 2/15/2011
Next Review Date 2/15/2012
Coverage Policy Number 0441

Subject **Outpatient Acute Rehabilitation**

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- Cognitive Rehabilitation
- Inpatient Acute Rehabilitation
- Occupational Therapy
- Physical Therapy
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- Work Hardening Programs

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer'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 customer'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 customer'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 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, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of CIGNA. Copyright ©2011 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 acute rehabilitation is subject to the terms, conditions and limitations of the applicable benefit plan's Short Term Rehabilitative Therapy benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

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

- A maximum allowable outpatient acute rehabilitation 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 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 individual's current status.**

Under many benefit plans formerly administered by Great-West Healthcare the following conditions of coverage apply:

- **Physical, occupational and speech therapy services are covered only when the services are expected to result in significant clinical improvement within two months.**
- **Physical therapy is only covered when the services are performed to restore function and prevent disability following acute disease, injury or loss of body part.**
- **Occupational therapy is only covered to attain the maximum level of physical and psychosocial independence following acute disease, injury, condition, or loss of body part.**
- **Speech therapy is covered only for the restoration of speech due to impairment following acute injuries, disease or conditions.**

If coverage is available for outpatient acute rehabilitation, the following conditions of coverage apply.

CIGNA covers an outpatient acute rehabilitation evaluation as medically necessary for the assessment of a physical impairment.

CIGNA covers a prescribed course of outpatient acute rehabilitation as medically necessary when ALL of the following criteria are met:

- The individual requires comprehensive, coordinated, skilled rehabilitation treatment from a multidisciplinary team consisting of at least two therapies (e.g., physical therapy, occupational therapy, speech therapy).
- The individual is medically stable and is capable and willing to participate in intensive therapy for several hours per day, three to five days per week.
- The rehabilitation program is expected to result in significant therapeutic improvement over a clearly defined period of time.
- The rehabilitation program is individualized, and documentation outlines quantifiable, attainable treatment goals.
- Rehabilitation is not required in an inpatient rehabilitation facility due to BOTH of the following conditions:
 - The individual does not require 24-hour-a-day access to a registered nurse with specialized training in rehabilitation care.
 - The individual does not require frequent rehabilitation team assessment and/or intervention due to the potential risk of significant change in physical or medical status.

Note: Continued coverage for outpatient acute rehabilitation requires regular documentation supporting significant progress toward treatment goals.

CIGNA covers intensive rehabilitation in the home when the above criteria are met and the individual meets medical necessity criteria for care to be provided in the home. Under many benefit plans, coverage for outpatient multidisciplinary rehabilitation provided in the home setting is generally subject to the terms, conditions and limitations of the applicable benefit plan's Short Term Rehabilitative Therapy benefit and schedule of copayments.

CIGNA does not cover outpatient acute rehabilitation for ANY of the following circumstances because it is either considered not medically necessary when used for these indications or because it is excluded from many benefit plans:

- when the individual's condition is such that it would be medically appropriate to receive services in a less intensive setting (e.g., nonacute outpatient program, home)
- when coordinated multidisciplinary care is not provided or required

- when documentation in the medical record does not support the need for outpatient acute rehabilitation
- 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
- services for the purpose of enhancing job, school or athletic performance, or for recreation

CIGNA does not cover outpatient acute rehabilitation for ANY of the following because each is considered nonmedical, educational, or training in nature and thus is not medically necessary. In addition, these 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 outpatient acute rehabilitation

General Background

Outpatient acute rehabilitation provides intense multidisciplinary services to restore or enhance function post-injury or illness. While services are based on the assessment of each individual patient's needs, the services should be medically necessary to help patients achieve the skills required to return to their maximum level of functional independence. Furthermore, while initiation and intensity of therapy varies for each medical condition, patients who are not medically stable are not considered candidates for rehabilitative care. Outpatient acute services may be provided in a freestanding rehabilitation hospital, a comprehensive outpatient rehabilitation facility (CORF), or an acute care hospital. When medically necessary, rehabilitation may also be provided in the home setting as an alternative to outpatient acute rehabilitation. This type of rehabilitation provides a multidisciplinary approach to improving the functional skills necessary to perform daily activities while in the patient's own environment (i.e., home). Multidisciplinary rehabilitation provided in the home may be beneficial to a patient who requires both home care and an intense multidisciplinary approach to rehabilitation.

Outpatient acute services are an alternative to acute inpatient rehabilitation, and may be referred to as partial hospital day treatment programs, or day rehabilitation programs. These services are provided to patients who require intense multidisciplinary treatment but not 24-hour care. The program enables the patient to live at home while maintaining access to an interdisciplinary team and rehabilitative equipment. Typically, the patient spends several hours, three to five days per week, in an outpatient acute or hospital day program. Intense outpatient rehabilitative programs require the patient's independent transportation to and from the facility, unless provided in a home setting.

Admission to a program is dependent on the patient's clinical needs. The services provided should be accepted as standards of medical practice that are specific and effective treatment for the condition, and should be provided at a level of complexity that requires it be performed by a qualified therapist, or the patient's condition requires the skills of a therapist, and there is expectation of improvement over a reasonable amount of time.

Rehabilitation Team and Available Services

The multidisciplinary team includes members such as physical therapists, occupational therapists, and speech-language therapists in addition to rehabilitation nurses and social workers. During intense outpatient rehabilitation, the rehabilitation services are provided at a single location in a coordinated fashion. The overall goal is to help the physically or cognitively impaired to achieve or regain their maximum functional potential for mobility, self-care and independent living, although not necessarily complete independence. The available services involve a comprehensive multidisciplinary team approach of providing skilled rehabilitation, which may include any of the following services:

- Physician services-
- Physical therapy
- Social or psychological services
- Occupational therapy
- Speech therapy-

- Respiratory therapy
- Prosthetic and orthotic services
- Nursing services

Rehabilitative care services are determined by the patient's functional needs and the availability of resources. Documentation provided in the patient's medical record should support medical necessity and should include relevant medical history, including the patient's rehabilitation potential and prior level of function, physical examination, and results of pertinent diagnostic test or procedures. In addition, the documentation should reflect the ongoing assessment and necessary adjustments to plan of care.

Current functional status and measurable goals individualized to the needs and abilities of the patient should be part of the plan of care. The patient's progress toward established goals should be reviewed at least weekly and should include objective measurements (e.g., functional independence measure [FIM] scores) as well as a clinical narrative which demonstrates functional improvement and progress toward attainable treatment goals as a result of the therapy provided. Conflicting documentation between disciplines, widely fluctuating patient abilities, or failure to progress as planned should be explained and a realistic plan to address the problem identified. The plan of care should also include documentation of discharge plans.

Physician Referral

In order for a patient to receive outpatient acute rehabilitation services, the patient should be under the care of a physician who certifies that the patient needs and can tolerate a program of intensive skilled rehabilitation. In addition, the physician should furnish a detailed treatment plan constructed after consultation with the treating physical therapist(s), occupational therapist(s), nurse(s), and/or speech-language therapist(s). The treatment plan should include the patient's diagnosis, the type, amount, duration and frequency of the skilled rehabilitation services being proposed and established goals. The treatment plan should provide adequate detail on the specific need for the skilled service and of the potential benefit the patient will receive. Documentation should reflect active involvement of each discipline, as well as a coordinated team approach in order to meet individualized patient goals. The treatment plan should be reviewed at least weekly and should document progress toward the established goals. Once established goals for treatment have been met, or when there is no further progress, intense outpatient rehabilitation therapy is no longer medically necessary.

Literature Review

Rehabilitation interventions are considered clinically appropriate for conditions that result in functional impairment such as stroke, musculoskeletal disorders, amputations, hip fractures, cardiac conditions and pulmonary conditions. Evidence in the published scientific literature does not demonstrate superiority of one type of rehabilitative setting over another. However, in general, published studies do support improved functional outcomes with an organized multidisciplinary approach to rehabilitative care (Centers for Disease Control and Prevention, 2007; Khan, et al., 2007; Ashworth, et al., 2005; Turner-Stoles, et al., 2005). **Level 5, 1, 1, 4, 1** The patient's medical stability and intensity of rehabilitative needs are the most important determinants for the appropriate choice of rehabilitation setting.

Summary

Outpatient acute rehabilitation provides comprehensive, multidisciplinary services to restore or enhance function post-injury or illness for patients who do not require 24-hour care. Organized, multidisciplinary rehabilitative care has been shown to improve functional outcomes in selected groups of patients. Evidence in the peer-reviewed, scientific literature suggests that early identification of rehabilitation needs and early start of rehabilitation services can reduce health-care costs, length of stay and disability for some patients; however, the evidence does not support the superiority of one type of setting over another. The intensity of rehabilitation care is dependent upon the patient's individual rehabilitative needs and medical stability.

Coding/Billing Information

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

Covered when medically necessary:

CPT®* Codes	Description
92506	Evaluation of speech, language, voice, communication and/or auditory processing
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
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 or cold packs
97012	Application of a modality to one 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)
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
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

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 session (45 minutes or more)
G0151	Services performed by a qualified physical therapist in the home health or hospice settings, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice settings, each 15 minutes
G0153	Services performed by a qualified speech and language pathologist in the home health or hospice settings, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem
S9152	Speech therapy, re-evaluation

ICD-9-CM Diagnosis Codes	Description
434.91	Cerebral artery occlusion, unspecified, with cerebral infarction
435.0-435.9	Transient cerebral ischemia
438.10-438.19	Late effects of cerebrovascular disease, speech and language defects
438.20-438.22	Late effects of cerebrovascular disease, hemiplegia/hemiparesis
438.30-438.32	Late effects of cerebrovascular disease, monoplegia of upper limb
438.40-438.42	Late effects of cerebrovascular disease, monoplegia of lower limb
851.00-851.99	Cerebral laceration and contusion
854.00-854.19	Intracranial injury of other and unspecified nature
905.5	Late effect of fracture of multiple and unspecified bones
905.9	Late effect of traumatic amputation
V49.60-V49.67	Upper limb amputation status
V49.70-V49.77	Lower limb amputation status
V57.1	Other physical therapy
V57.21	Encounter for occupational therapy
V57.3	Speech therapy
V57.81	Orthotic training
V57.89	Other specified rehabilitation procedures
	Multiple/varied codes

Not Medically Necessary/Not Covered:

CPT* Codes	Description
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
97005	Athletic training evaluation
97006	Athletic training re-evaluation
97150	Therapeutic procedure(s), group (2 or more individuals)
97537	Community/work reintegration 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 (List separately in addition to code for primary procedure)

HCPCS Codes	Description
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit

ICD-9-CM Diagnosis Codes	Description
299.00-299.91	Pervasive developmental disorder
315.02	Developmental dyslexia
315.31-315.9	Developmental speech or language disorder
317-319	Mental retardation
783.42	Delayed milestones
V57.22	Encounter for vocational therapy
	Multiple/Varied codes

***Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.**

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	2/15/2009	0441	Outpatient Acute Rehabilitation

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