



Clinical Protocol: Specialty Referral

SUBDEPARTMENT: N/A

POLICY NO.

ORIGINAL EFFECTIVE DATE:
12/01/2019

REVIEWED/REVISED DATE(S):
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TITLE OF POLICY: Physical Therapy

PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines and indications for Physical Therapy.

INDICATIONS

1. Physical therapy is considered medically necessary when:
 - a. Preventing disability or restoring function impaired as a result of acute illness, injury, surgery, loss of a body part or congenital abnormality
 - b. Unique skills of a therapist are required as part of an active skilled plan of individualized treatment
 - c. There is expectation of rapid practical improvement
 - d. Function could not reasonably expect to improve as the individual resumes normal activities
 - e. Restoration potential is significant in relation to the extent and duration of therapy.
 - f. Home exercise program considered g. Rehabilitation needed after lumbar spinal stenosis surgery
2. Physical therapy is considered not medically necessary when:
 - a. Used to prevent or slow deterioration in function
 - b. Used to prevent reoccurrences
 - c. Intended to improve or maintain general condition or enhance athletic performance.
3. Indications for discontinuation of therapy:
 - a. Achievement of goals
 - b. Attainment of maximal potential for improvement
 - c. A medical condition precludes therapy
 - d. Lack of documented evidence of measurable improvement.
4. Upon approval of initial request, authorization will generally be granted for evaluation along with a series of therapy sessions to teach a home program. If additional professionally supervised therapy is later needed, a provider may document medical necessity and request such therapy.

CITATIONS

MCG Care Guidelines 27th Edition, 2/28/2023 <https://www.mcg.com/client-resources/news-item/mcg27th-edition-care-guidelines/>

Anthem, Clinical UM Guidelines, CG-REHAB-04, “Physical Therapy”, 10/13/2010

Health Net National Medical Policy, NMP218, “Physical and Occupational Therapy”, July 2010