

**REHABILITATIVE & HABILITATIVE MEDICINE SERVICES**

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**I. POLICY/CRITERIA****Rehabilitative Medicine Services**

Short-term rehabilitative medicine services are covered if **all** of the following criteria are met:

1. Services are received in an outpatient setting or in the home.
2. Services cannot be provided by any federal or state agency or by any local political subdivision, including school districts, when a member is not liable for the costs in the absence of insurance.
3. The therapy is restorative in nature and there is meaningful improvement within 90 days in the member's ability to perform functional day-to-day activities that are significant in the member's life and roles.
4. A provider refers\*, directs, and monitors the services.

*\*Note:* Physical therapy services for up to 21 days or 10 treatments that meet the criteria for short term rehabilitation and the criteria in A1 below do not require a provider referral for commercial and Medicare plans. Provider referral is required for Medicaid members.

**A. Rehabilitative Therapy**

1. The following rehabilitative therapies are covered if medically necessary for treatment of an injury, illness, or a congenital defect for which corrective surgery has been received:
  - a. Physical therapy
  - b. Occupational therapy
  - c. Spinal manipulations by chiropractors
  - d. All manipulations by osteopathic physicians
2. Coverage is available for SHORT-TERM treatment of an acute condition or injury of recent onset if **all** the following criteria are met:
  - a. Services must be medically necessary and may be subject to review.
  - b. Services must be considered, under accepted standards of medical or chiropractic practice, to be a specific and effective treatment for the patient's condition.

- c. The services must be sufficiently complex and the condition of that patient must be such that the services required can be safely and effectively performed only by a qualified healthcare provider licensed to provide the services.
- d. The patient's condition can be reasonably expected to result in a return to or progress towards meaningful improvement within 90 days in the Member's ability to perform day-to-day activities that are significant in the Member's life roles as determined by Priority Health. Meaningful improvement would include such activities as independence with self-care, improved mobility and the ability to perform activities of daily living.

The amount, frequency and duration of the service must also be reasonable and coverage is limited to the number of visits determined medically necessary by Priority Health or to the number of visits as outlined in the member's schedule of benefits, whichever is less. The short-term rehabilitation benefit is limited by contract year and cannot, even if medically necessary, exceed the limit outlined in the member's schedule of benefits.

- 3. If services meet the criteria outlined above, the following are covered\*\*
  - a. Pool therapy, including the initial teaching phase (by a trained professional) and the continued therapy, will be covered when there are documented rehabilitation goals, a formal treatment plan, and skilled supervision. Pool aquatics that are primarily maintenance or are self-directed or group pool therapies are not covered.
    - i. For Medicaid products: Aqua/Pool Therapy can be included when part of the physical therapy treatment plan for Medicaid, and Healthy Michigan members. Aquatic/Pool Therapy is not a separately reimbursable service.
  - b. Sports Medicine programs are covered in lieu of traditional therapy programs. Therapy would be covered only to strengthen the muscles to pre-injury state. Continued therapy designed to train or strengthen muscles for specific sports movements is not covered.
    - i. For Medicaid products: Sports Medicine is not a covered service for Medicaid, and Healthy Michigan members.
  - c. Biofeedback is a covered benefit for specific medical diagnoses under the short-term rehabilitation benefit. Short term rehabilitation benefit limits and copays apply. See the *Biofeedback Policy, #91002*, for coverage specifications.
    - i. For Medicaid products: Biofeedback is not a covered benefit for Medicaid and Healthy Michigan.

- d. Vestibular Rehabilitation is covered under the short-term rehabilitation services benefit for chronic vertigo when **all** of the following are present:
    - i. Diagnosis of vestibular disorder
    - ii. Symptoms (vertigo and imbalance) for more than six months that interfere with activities of daily living
    - iii. Failed medical management (vertigo suppressant medications)
  - e. Vision therapy/orthoptics (i.e., Orthoptic/ Pleoptic Training) is a covered benefit for specific medical diagnoses.
    - i. For coverage specifications for commercial members, refer to *Medical Policy #91538 Vision Care*.
    - ii. For Medicaid members, please refer to Refer to Michigan Department of Health & Human Services (MDHHS) Medicaid Provider Manual.
- Note: Coverage is subject to physical and occupational therapy benefit limits and applicable copays.
4. The following services are excluded from coverage (this is not an all-inclusive list, members should refer to their plan documents):
- a. All therapies for developmental delays and cognitive disorders, including physical, occupational, speech, cognitive and sensory integration therapy, except as covered by the *Autism Spectrum Disorders medical policy #91615*.
  - b. Work hardening/conditioning programs, including vocational rehabilitation programs.
  - c. Strength training and exercise programs.
  - d. Services or treatment that are the legal responsibility of a school program, *as elected by the member* in accordance with the authorization requirements of the Individuals with Disabilities Education Act or are the legal responsibility of another governmental program.
  - e. Prolotherapy. Prolotherapy involves injecting sclerosing solutions into joint, muscles, or ligaments to treat chronic head, neck or low back pain. Prolotherapy has not been proven to be an effective therapy, and therefore, is not a covered benefit.
5. Osteopathic manipulative treatment (OMT) is experimental and investigation or not medically necessary for the following:
- a. Craniosacral therapy (cranial manipulation/Upledger technique)
  - b. Non-somatic internal organ disorders (e.g., gallbladder, spleen, intestinal, kidney, or lung disorders)
  - c. Non-musculoskeletal disorders (e.g., asthma, otitis media, infantile colic, etc.)
  - d. Scoliosis

- e. Temporomandibular joint (TMJ) disorder
- f. Prevention for the indications above
- g. Condition has returned to the pre-symptom state
- h. Little or no improvement is demonstrated within 30 days of the initial visit despite modification of the treatment plan.

## B. Cardiac Rehabilitation

1. Cardiac rehabilitation is a covered benefit as a short-term rehabilitative therapy.
  - a. Cardiac rehabilitation delivered as part of an inpatient hospitalization and often referred to as Phase I is covered and is **not** subject to therapy limits.
  - b. Outpatient cardiac rehabilitation, or Phase II, is a covered benefit when referred by a physician and provided under the general supervision of a physician. Phase II is subject to physical therapy limits as outlined in the member's schedule of benefits.
  - c. Maintenance therapy or Phase III programs are not a covered benefit.
2. Cardiac rehabilitation services are covered for the following:
  - a. Patient with coronary artery disease:
    - i. Post-acute myocardial infarction
    - ii. Cardiovascular surgery such as coronary artery bypass graft, heart transplant, valvular repair or replacement
    - iii. Percutaneous coronary intervention (e.g., percutaneous transluminal angioplasty)
    - iv. Controlled heart failure
    - v. Stable angina pectoris
  - b. Post-valvular surgery and post congenital heart surgery patients
  - c. Heart transplant patients. Patients with dilated cardiomyopathy or left ventricular dysfunction
  - d. Patients with hypertensive cardiovascular disease
  - e. Supervised continuous ECG monitored exercise programs are eligible for coverage if one of the following criteria is met:
    - i. Severely depressed left ventricular function (ejection fraction under 30%).
    - ii. Resting complex ventricular arrhythmia (Lown type 4 or 5).
    - iii. Ventricular arrhythmias appearing or increasing with exercise.
    - iv. Decrease in systolic blood pressure with exercise.
    - v. Survivors of sudden cardiac death.
    - vi. Patients following myocardial infarction complicated by congestive heart failure, cardiogenic shock and/or serious ventricular arrhythmias.
    - vii. Patients with severe coronary artery disease and marked exercise induced ischemia.
    - viii. Inability to self-monitor heart rate due to physical or intellectual impairment.

### C. Pulmonary Rehabilitation

1. Pulmonary rehabilitation delivered as part of an inpatient hospitalization is covered and is not subject to therapy limits.
2. Outpatient pulmonary rehabilitation is subject to physical therapy limits as outlined in the member's schedule of benefits.
3. Maintenance therapy programs are not a covered benefit.
4. Pulmonary rehabilitation services are covered for the following:
  - a. COPD when the member is experiencing symptoms which limit the member's ability to perform Activities of Daily Living (ADLs) despite optimal medical management.
  - b. Pre-or post-lung transplant surgery when the member is experiencing symptoms which limit the member's ability to perform Activities of Daily Living (ADLs) despite optimal medical management.
  - c. For other conditions, all of the following must be met:
    - i. Significant dyspnea and restriction in Activities of Daily Living (ADLs) despite optimal medical management.
    - ii. A pulmonary function test (PFT) should demonstrate a diffusing capacity for carbon monoxide (DLCO), forced vital capacity (FVC), or forced expiratory volume in the first 1 second (FEV<sub>1</sub>) of less than 60% of predicted value.
    - iii. Physically able to participate in the pulmonary rehabilitation program and is not limited by a concomitant medical condition such as advanced arthritis, claudication, malignancy or congestive heart failure.

### D. Habilitative Services

The Patient Protection and Affordable Care Act (PPACA) requires coverage for essential health benefits, including coverage for Habilitative Services in individual and small group products. Habilitation Services are defined as those health care services that help a person keep, learn, or improve skills and functioning for daily living (e.g., therapy for a child who isn't walking or talking at the expected age).

1. Medicaid Product: Healthy Michigan Plan members and Medicaid members under 21 will have Habilitative benefits in accordance with the Medicaid Provider Manual and EPSDT (Early and Periodic Screening, Diagnostic and Treatment) standards.
2. Habilitative services **not** related to Autism Spectrum Disorder (Individual and Small Group Products Only)
3. Habilitative Services Related to Autism Spectrum Disorder

Habilitation Services also includes Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder as required by the State of Michigan. **See the *Autism Spectrum Disorders medical policy #91615* for treatment related to Autism Spectrum Disorder.**

4. **All** of the following must be met for coverage of Habilitative services *not* related to Autism Spectrum Disorder:
  - a. Treatment must be evidence-based physical or occupational therapy provided by an appropriately licensed therapist under the direction of a physician or advanced practice nurse in accordance with a written treatment plan established or certified by the treating physician or advanced practice nurse.
  - b. One of the following diagnoses:
    - i. Developmental delay
    - ii. Developmental coordination disorder
    - iii. Mixed developmental disorder
    - iv. Developmental speech or language disorder (See Speech Therapy medical policy #91336)
  - c. See the plan Schedule for coverage limitations.
5. Habilitation services and diagnoses not specifically listed in a and b above are not covered, including but not limited to respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind.

***Special Note:*** See *Autism Spectrum Disorders medical policy #91615* and the *Speech Therapy medical policy #91336* for additional information related to habilitative services.

- E. Therapy for the purpose of maintaining physical condition or maintenance therapy for chronic conditions are not covered.

*Note:* Medicare and Medicaid members should refer to their plan documents for coverage specifics.

## II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

### III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Even if medically necessary the benefit per calendar year is limited and cannot exceed the benefit limit outlined in the member's schedule of benefits.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

### IV. DESCRIPTION

Physical Therapy (PT), including spinal manipulation, is the rehabilitation concerned with restoration of function and prevention of disability following disease, injury, or loss of a body part. The therapeutic properties of modalities such as exercise, heat, cold, electricity, ultrasound and massage are used to improve circulation, strengthen muscles and restore range of motion.

Occupational therapy (OT) involves the use of purposeful activities to help regain performance skills lost through injury or illness. Individual programs are designed to improve quality of life by recovering competence, maximizing independence, and teaching skills to prevent further injury or disability.

The goal of cardiovascular rehabilitation services is to improve the functional and/or symptomatic status of patients with disorders related to cardiovascular

disease, to reduce the risk of another cardiac event or to keep an already present heart condition from getting worse. Enrollment in a cardiac rehabilitation program is based on the demonstration of a significant reduction in physical work capacity before the initiation of the exercise program. An exercise test to determine current physical work capacity (reported in METS) is appropriate for candidates. The American College of Cardiology recommends that the cardiovascular rehabilitation process begin as soon as possible after a cardiovascular event, and that patient education on risk factor modification, smoking, dietary, and psychological factors be included in every program. The exercise program goals can usually be achieved over a 12-week period.

Pulmonary Rehabilitation is a program designed for people who have chronic obstructive pulmonary disease (COPD), to help restore patients to their highest possible pulmonary functional capacity. This refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma.

Maintenance therapy is performed to maintain or prevent deterioration of a chronic condition. A maintenance program consists of activities and/or mechanisms a clinician establishes to help a patient maximize or maintain the progress made during therapy, or to prevent or slow further deterioration due to a disease or illness. An individualized assessment of the patient's clinical condition is made by a qualified therapist with specialized judgment, knowledge to determine the necessity for skilled care, including when the performance of a maintenance program does not require the skills of a therapist because it could safely and effectively be accomplished by the patient or with the assistance of non-therapists, including unskilled caregivers.

The American Association of Colleges of Osteopathic Medicine defines osteopathic manipulative treatment (OMT) as the therapeutic application of manual pressure or force employed by osteopathic physicians to facilitate recovery from somatic dysfunction. Somatic dysfunction is defined as impaired or altered function of related components of the somatic (body framework) system: skeletal, arthroidal and myofascial structures and related vascular, lymphatic and neuroelements.

Prevost et al. (2019) conducted a systematic review of the use of osteopathic treatment for clinical conditions in the pediatric population such as ADHD, autism, asthma, infantile colic, constipation, otitis media, scoliosis, and torticollis. While some pediatric conditions such as low back pain and pulled elbow had a positive outcome with implementation of osteopathic treatment, the authors found the overall results as inconclusive. It was determined that additional research investigating osteopathic treatment on pediatric conditions is needed. In 2022, Posadzki updated a previous systematic review of OMT for pediatric patients and found that while quality of the primary trials of OMT has improved during recent years quality of the totality of the evidence remains low or very low. Therefore, the effectiveness of OMT for selected pediatric populations remains unproven.



## V. CODING INFORMATION

### Therapy Modifiers

- GN Services delivered under an outpatient speech language pathology plan of care  
 GO Services delivered under an outpatient occupational therapy plan of care  
 GP Services delivered under an outpatient physical therapy plan of care

- *Therapy modifiers must be reported for all services to track to appropriate benefit category.*
- *Service flagged with \* are not payable to a therapy provider without a therapy modifier.*

### A. REHABILITATIVE\HABILITATIVE THERAPY

**Diagnosis Codes:** *for diagnosis information, see Appendix A*

#### Physical Therapy:

#### **CPT/HCPCS/REVENUE Codes**

- |       |  |
|-------|--|
| 0420  | Physical Therapy   |
| 0421  | Physical Therapy - Visit Charge  |
| 0422  | Physical Therapy - Hourly Charge   |
| 0423  | Physical Therapy - Group Rate  |
| 0424  | Physical Therapy - Evaluation or Re-evaluation   |
| 0429  | Physical Therapy - Other Physical Therapy  |
|       |  |
| 97161 | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.  |
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and   |

unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.

- 97164 Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 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 (e.g., microwave)
- 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 (*Not covered for Medicaid*)
- 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 (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
- 97150 Therapeutic procedure(s), group (2 or more individuals)  
(*Not separately payable for Medicaid*)
- 97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
- 97597\* Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may

- include use of a whirlpool, per session; total wound(s) surface area; first 20 sq. cm or less
- 97598\* Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 97602\* Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session (*Not covered for Medicaid*)
- 97605\* Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
- 97606\* Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
- 97607\* Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
- 97608\* Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
- 97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes (*Not covered for Medicaid*)
- 97755 Assistive technology assessment (e.g., 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 (*Not covered for Medicaid*)
- 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
- 97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

- 97799 Unlisted physical medicine/rehabilitation service or procedure
- 97039 Unlisted modality (specify type and time if constant attendance)
- 97139 Unlisted therapeutic procedure (specify)  
*(Explanatory notes must accompany claims billed with unlisted codes. Unlisted codes billed for Constraint-Induced Movement Therapy for Treatment of Children with Cerebral Palsy is not covered.)*
- 95851\* Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
- 95852\* Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
- 95992\* Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day *(Not covered for Medicaid)*
- 97550 Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes *(Not Covered for Commercial Products)*
- 97551 Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service) *(Not Covered for Commercial Products)*
- 97552 Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers *(Not Covered for Commercial Products)*

**Not Covered**

- 97037 Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction
- 0725T Vestibular device implantation, unilateral
- 0726T Removal of implanted vestibular device, unilateral
- 0727T Removal and replacement of implanted vestibular device, unilateral
- 0728T Diagnostic analysis of vestibular implant, unilateral; with initial programming
- 0729T Diagnostic analysis of vestibular implant, unilateral; with subsequent programming
- 0733T Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
- 0734T Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month

E3200 Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only

**Occupational Therapy:**

**CPT/HCPCS/REVENUE Codes**

0430 Occupational Therapy

0431 Occupational Therapy - Visit Charge

0432 Occupational Therapy - Hourly Charge

0433 Occupational Therapy - Group Rate

0434 Occupational Therapy - Evaluation or Re-evaluation

0439 Occupational Therapy - Other Occupational Therapy

96125 Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report (*Not covered for Medicaid*)

97165 Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.

97166 Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

97167 Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits

(i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.

- 97168 Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 97129 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
- 97130 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
- 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
- 97535 Self-care/home management training (e.g., 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
- 97542 Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
- 92520\* Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
- 92526\* Treatment of swallowing dysfunction and/or oral function for feeding
- 92610\* Evaluation of oral and pharyngeal swallowing function
- 92611\* Motion fluoroscopic evaluation of swallowing function by cine or video  
*(Never covered by therapy disciplines for Medicaid)*
- 92612\* Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording  
*(Never covered by therapy disciplines for Medicaid)*
- 92614\* Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; *(Never covered by therapy disciplines for Medicaid)*

- 92616\* Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording (*Never covered by therapy disciplines therapy for Medicaid*)

**Not covered**

- 93668 Peripheral arterial disease (PAD) rehabilitation, per session (*Covered for Medicare and Medicaid only*)
- 97169 Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
- 97170 Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 97171 Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- 97172 Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 97010 Application of a modality to 1 or more areas; hot or cold packs
- 97026 Application of a modality to one or more areas; infrared
- 97537 Community/work reintegration training (eg, shopping, transportation, money management, vocational 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)

- 97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
- 20999 Unlisted procedure, musculoskeletal system, general - not covered when billed for Prolotherapy Explanatory *notes must accompany claim.*
- 0791T Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)

**Chiropractic/Osteopathic Manipulation:**

The AT modifier is required for codes 98940, 98941, 98942 when treatment is considered acute. If these CPT codes are billed without the AT modifier, the claim will be interpreted as “maintenance” or “custodial” services and may not be covered, based on benefit design.

- 98925 Osteopathic manipulative treatment (OMT); one to two body regions involved
- 98926 Osteopathic manipulative treatment (OMT); three to four body regions involved
- 98927 Osteopathic manipulative treatment (OMT); five to six body regions involved
- 98928 Osteopathic manipulative treatment (OMT); seven to eight body regions involved
- 98929 Osteopathic manipulative treatment (OMT); nine to ten body regions involved
- 98940 Chiropractic manipulative treatment (CMT); spinal, one to two regions
- 98941 Chiropractic manipulative treatment (CMT); spinal, three to four regions
- 98942 Chiropractic manipulative treatment (CMT); spinal, five regions

**Not Covered**

- 98943 Chiropractic manipulative treatment (CMT); extraspinal, one or more regions

**Biofeedback:**

*See policy #91002 Biofeedback,*

**Other:**

- 92065 Orthoptic/pleoptic training; performed by a physician or other qualified health care professional
- 92066 Orthoptic training; under supervision of a physician or other qualified health care professional

For coverage specifications for commercial members, refer to *Medical Policy: #91538 Vision Care*. For Medicaid members, please refer to *Michigan Department of Health & Human Services (MDHHS) Medicaid Provider Manual*.

*Note: Coverage is subject to physical and occupational therapy benefit limits and applicable copays.*

**B. CARDIO-PULMONARY REHABILITATION THERAPY**



**Cardiac Rehabilitation:**
**ICD-10 Codes** that *may* support medical necessity:

A18.84	Tuberculosis of heart
E63.9	Nutritional deficiency, unspecified
I05.1 – I05.9	Rheumatic mitral valve diseases
I20.0 – I20.9	Angina pectoris
I21.01 – I21.4	ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
I22.0 – I22.9	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
I25.10 – I25.9	Chronic ischemic heart disease
I42.0 – I42.9	Cardiomyopathy
I43	Cardiomyopathy in diseases classified elsewhere
I50.1 – I50.9	Heart failure
Z48.21	Encounter for aftercare following heart transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z51.89	Encounter for other specified aftercare
Z94.1	Heart transplant status
Z94.3	Heart and lungs transplant status
Z95.0 – Z95.5	Presence of cardiac and vascular implants and grafts
Z98.61	Coronary angioplasty status

**CPT/HCPCS/Revenue Codes**

0943	Cardiac Rehabilitation
93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per hour, per session

**Not Payable:**

S9472	Cardiac rehabilitation program, nonphysician provider, per diem
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**Pulmonary Rehabilitation:**
**ICD-10 Codes** that *may* support medical:

E88.01	Alpha-1-antitrypsin deficiency
J41.0 – J41.8	Simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43.0 – J43.9	Emphysema
J44.0 – J44.9	Chronic obstructive pulmonary disease
J47.0 – J47.9	Bronchiectasis
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
J82	Pulmonary eosinophilia, not elsewhere classified

J96.00- J96.02	Acute respiratory failure
J96.10 – J96.12	Chronic respiratory failure
J96.20 – J96.22	Acute and chronic respiratory failure
J98.3	Compensatory emphysema
J99	Respiratory disorders in diseases classified elsewhere
Z94.2	Organ or tissue replaced by transplant, lung
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status

**CPT/HCPCS/REVENUE Codes**

0410	Respiratory Services—General
0419	Other respiratory services
0948	Pulmonary Rehabilitation

G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)

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**APPENDIX A: Therapies that are NON-COVERED by Diagnosis**

- Hab/NC = service may be covered for this diagnosis under Habilitative service benefit. Coverage is determined by plan documents. If no coverage exists under the plan, the service with this dx is Not Covered for all ages.
- Medicaid Product: Healthy Michigan Plan members and Medicaid members under 21 will have Habilitative benefits in accordance with the Medicaid Provider Manual and EPSDT (Early and Periodic Screening, Diagnostic and Treatment) standards.
- NC = service is Not Covered for this diagnosis for all ages.
- Diagnosis exclusions do not apply to Priority Medicare Plans – see LCD/NCDs
- Initial evaluation is exempt from exclusion by diagnosis.
- These modifiers *may* be reported as secondary to mod GN but are not used in determining rehabilitative vs habilitative benefit.
- 96 Habilitative Services
- 97 Rehabilitative Services
- *See Also:*
  - *Policy #91318 Rehabilitative & Habilitative Medicine Services*
  - *Policy #91615 Autism Spectrum Disorders*
  - *Policy #91023 Home Care*

**ICD-10 Codes:**

<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> <small>*Medicaid only</small>
E78.71	Barth syndrome	Hab/NC	Hab/NC	
E78.72	Smith-Lemli-Opitz syndrome	Hab/NC	Hab/NC	
F48.9	Nonpsychotic mental disorder, unspecified	NC	NC	
F63.3	Trichotillomania	Hab/NC	Hab/NC	
F63.89	Other impulse disorders	Hab/NC	Hab/NC	
F69	Unspecified disorder of adult personality and behavior	NC	NC	
F70	Mild intellectual disabilities	Hab/NC	NC	NC
F71	Moderate intellectual disabilities	Hab/NC	NC	NC
F72	Severe intellectual disabilities	NC	NC	NC
F73	Profound intellectual disabilities	NC	NC	NC
F78	Other intellectual disabilities	NC	NC	NC
F79	Unspecified intellectual disabilities	NC	NC	NC
F80.0	Phonological disorder	Hab/NC	NC	NC
F80.1	Expressive language disorder	Hab/NC	NC	NC
F80.2	Mixed receptive-expressive language disorder	Hab/NC	NC	NC
F80.4	Speech and language development delay due to hearing loss	Hab/NC	NC	NC
F80.81	Childhood onset fluency disorder	Hab/NC		NC

<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> *Medicaid only
F80.82	Social pragmatic communication disorder	Hab/NC		NC
F80.89	Other developmental disorders of speech and language	Hab/NC	NC	NC
F80.9	Developmental disorder of speech and language, unspecified	Hab/NC	NC	NC
F81.0 – F81.9	Specific developmental disorders of scholastic skills	NC	NC	NC
F82	Specific developmental disorder of motor function	NC	Hab/NC	NC
F84.2	Rett's syndrome			NC
F84.3	Other childhood disintegrative disorder	Hab/NC	Hab/NC	NC
<i>• See policy #91615 Autism Spectrum Disorders</i>				
F84.0	Autistic disorder	•	•	
F84.5	Asperger's syndrome	•	•	
F84.8	Other pervasive developmental disorders	•	•	
F84.9	Pervasive developmental disorder, unspecified	•	•	
F88	Other disorders of psychological development	NC	NC	NC
F89.0	Unspecified disorder of psychological development	NC	NC	NC
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type	NC	NC	
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type	NC	NC	
F90.2	Attention-deficit hyperactivity disorder, combined type	NC	NC	
F90.8	Attention-deficit hyperactivity disorder, other type	NC	NC	
F90.9	Attention-deficit hyperactivity disorder, unspecified type	NC	NC	
F98.0	Enuresis not due to a substance or known physiological condition		Hab/NC	
F98.1	Encopresis not due to a substance or known physiological condition		Hab/NC	
F98.21	Rumination disorder of infancy	NC	NC	NC*
F98.3	Pica of infancy and childhood	NC	NC	NC*
F98.5	Adult onset fluency disorder	NC	NC	
G11.4	Hereditary spastic paraplegia	Hab/NC	Hab/NC	NC
G47.29	Other circadian rhythm sleep disorder	NC	NC	NC
G80.0 – G80.9	Cerebral palsy	Hab/NC	Hab/NC	NC
G96.9	Disorder of central nervous system, unspecified	NC	NC	NC
G98.8	Other disorders of nervous system	NC	NC	NC
Q05.0 – Q05.9	Spina bifida	NC	Hab/NC	
Q07.00 – Q07.03	Arnold-Chiari syndrome	NC	Hab/NC	

<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> *Medicaid only
Q07.8	Other specified congenital malformations of nervous system	NC	Hab/NC	
Q07.9	Congenital malformation of nervous system, unspecified	NC	Hab/NC	
Q87.0 – Q87.89	Other specified congenital malformation syndromes affecting multiple systems	Hab/NC	Hab/NC	
Q89.8	Other specified congenital malformations	Hab/NC	Hab/NC	
Q89.9	Congenital malformation, unspecified	Hab/NC	Hab/NC	
Q90.0 – Q90.9	Down syndrome	Hab/NC	Hab/NC	
Q91.0 – Q91.7	Trisomy 18, trisomy 13	Hab/NC	Hab/NC	
Q92.0 – Q92.9	Other trisomies and partial trisomies of the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q93.0 – Q93.9	Monosomies and deletions from the autosomes, not elsewhere classified	Hab/NC	Hab/NC	
Q95.0 – Q95.9	Balanced rearrangements and structural markers, not elsewhere classified	Hab/NC	Hab/NC	
Q96.0 – Q96.9	Turner's syndrome	Hab/NC	Hab/NC	
Q97.0 – Q97.9	Other sex chromosome abnormalities, female phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q98.0 – Q98.9	Other sex chromosome abnormalities, male phenotype, not elsewhere classified	Hab/NC	Hab/NC	
Q99.0 – Q99.9	Other chromosome abnormalities, not elsewhere classified	Hab/NC	Hab/NC	
R25.0 – R25.9	Abnormal involuntary movements	NC	Hab/NC	NC
R26.0	Ataxic gait	NC	Hab/NC	NC
R26.1	Paralytic gait	NC	Hab/NC	NC
R26.81	Unsteadiness on feet	NC	Hab/NC	NC
R26.89	Other abnormalities of gait and mobility	NC	Hab/NC	NC
R26.9	Unspecified abnormalities of gait and mobility	NC	Hab/NC	NC
R27.0	Ataxia, unspecified	NC	Hab/NC	NC
R27.8	Other lack of coordination	NC	Hab/NC	NC
R27.9	Unspecified lack of coordination	NC	Hab/NC	NC
R37	Sexual dysfunction, unspecified	NC	NC	NC*
R41.840	Attention and concentration deficit	NC	NC	NC
R41.841	Cognitive communication deficit	NC	NC	NC
R41.842	Visuospatial deficit	NC	NC	NC
R41.843	Psychomotor deficit	NC	NC	NC
R41.844	Frontal lobe and executive function deficit	NC	NC	NC
R41.89	Other symptoms and signs involving cognitive functions and awareness	NC	NC	NC
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness	NC	NC	NC
R45.0 – R45.850	Symptoms and signs involving emotional state	NC	NC	NC

<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> *Medicaid only
R45.856-R45.859	Symptoms and signs involving emotional state	NC	NC	NC
R46.0 – R46.7	Symptoms and signs involving appearance and behavior	NC	NC	NC
R46.81	Obsessive-compulsive behavior	NC	NC	NC
R46.89	Other symptoms and signs involving appearance and behavior	NC	NC	NC
R47.9	Unspecified speech disturbances	NC	NC	NC
R48.0	Dyslexia and alexia	NC	NC	NC
R49.8	Other voice and resonance disorders			
R56.00	Simple febrile convulsions	NC	NC	NC
R56.01	Complex febrile convulsions	NC	NC	NC
R56.1	Post traumatic seizures	NC	NC	NC
R56.9	Unspecified convulsions	NC	NC	NC
R62.0	Delayed milestone in childhood	NC	NC	NC
R62.50	Unspecified lack of expected normal physiological development in childhood	NC	NC	NC
R62.59	Other lack of expected normal physiological development in childhood	NC	NC	NC
R63.8	Other symptoms and signs concerning food and fluid intake	NC	NC	
Z00.8	Encounter for other general examination	NC	NC	NC
Z02.0 – Z02.9	Encounter for administrative examination	NC	NC	NC
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out			NC
Z04.6	Encounter for general psychiatric examination, requested by authority	N/A	N/A	NC
Z04.8	Encounter for examination and observation for other specified reasons	NC	NC	NC
Z04.9	Encounter for examination and observation for unspecified reason	NC	NC	NC
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure	NC	NC	NC
Z55.0 – Z55.9	Problems related to education and literacy	NC	NC	NC
Z56.0 – Z56.9	Problems related to employment and unemployment	NC	NC	NC
Z57.0 – Z57.9	Occupational exposure to risk factors	NC	NC	NC
Z60.0 – Z60.9	Problems related to social environment	NC	NC	NC
Z62.0 – Z62.9	Problems related to upbringing	NC	NC	NC
Z63.0 – Z63.9	Other problems related to primary support group, including family circumstances	NC	NC	NC
Z64.0 – Z64.4	Problems related to certain psychosocial circumstances	NC	NC	NC



<b>Dx</b>	<b>Dx Description</b>	<b>Speech Therapy</b>	<b>Rehab Therapy (PT, OT, Chir, OMT)</b>	<b>Behavioral Health Therapy</b> *Medicaid only
Z69.011	Encounter for mental health services for perpetrator of parental child abuse	NC	NC	NC
Z69.021	Encounter for mental health services for perpetrator of non-parental child abuse	NC	NC	NC
Z69.12	Encounter for mental health services for perpetrator of spousal or partner abuse	NC	NC	NC
Z69.82	Encounter for mental health services for perpetrator of other abuse	NC	NC	NC
Z71.89	Other specified counseling	NC	NC	NC
Z72.3	Lack of physical exercise	NC	NC	NC
Z72.51	High risk heterosexual behavior	N/A	N/A	NC
Z72.52	High risk homosexual behavior	N/A	N/A	NC
Z52.53	High risk bisexual behavior	N/A	N/A	NC
Z72.6	Gambling and betting	NC	NC	NC
Z72.810	Child and adolescent antisocial behavior	NC	NC	NC
Z72.811	Adult antisocial behavior	NC	NC	NC
Z72.820	Sleep deprivation	NC	NC	NC
Z72.821	Inadequate sleep hygiene	NC	NC	NC
Z72.89	Other problems related to lifestyle	NC	NC	NC
Z72.9	Problem related to lifestyle, unspecified	NC	NC	NC
Z73.0 – Z73.9	Problems related to life management difficulty	NC	NC	NC
Z86.51	Personal history of combat and operational stress reaction	NC	NC	NC
Z86.59	Personal history of other mental and behavioral disorders	NC	NC	NC
Z91.83	Wandering in diseases classified elsewhere	NC	NC	NC

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