NO. 91318

REHABILITATIVE & HABILITATIVE MEDICINE SERVICES

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Policy scope: This policy outlines medical necessity criteria, exclusions, and limitations for rehabilitative and habilitative therapy services

Related policies:

- Autism Spectrum Disorders No.91615
- Biofeedback No. 91002
- Speech Therapy No. 91336
- Vision Care No. 91538

I. MEDICAL NECESSITY 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.

A. Rehabilitative Therapy

Inclusions:

1. **Medically Necessary Services**
   The following rehabilitative therapies may be medically necessary for the treatment of an injury, illness, or congenital defect following corrective surgery, when the Medical Necessity Criteria in this policy are met:
   - **a.** Physical therapy
   - **b.** Occupational therapy
   - **c.** Spinal manipulations performed by a chiropractor
   - **d.** Osteopathic manipulative treatment (OMT) performed by an osteopathic physician

2. **Short Term Rehabilitative Therapy**

   Short-term rehabilitative therapy is medically necessary for the treatment of an acute condition or injury of recent onset when **all** of the following criteria are met:
   - **a.** Services are medically necessary and appropriate for the member's condition (may be subject to review).
   - **b.** Services are recognized under generally accepted standards of medical, osteopathic, chiropractic, or rehabilitation practice, as an effective treatment for the member's condition.
   - **c.** The services require the skills, knowledge, and judgement of a qualified healthcare provider licensed to provide the services; and the services cannot be safely and effectively performed by the member, caregiver, or unskilled personnel.
   - **d.** The member's condition is 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.

a. Examples of meaningful functional improvement include, but are not limited to:
    i. Independence with self-care activities
    ii. Improved mobility, ambulation or transfers
    iii. The ability to perform activities of daily living

3. If services meet the criteria outlined above, the following are considered medically necessary:

a. Aquatic / Pool therapy

Inclusions:

Aquatic therapy including the initial teaching phase (by a trained professional) and the continued therapy is medically necessary when all of the following are met:

1. Provided as part of a physician-directed physical therapy treatment plan.
2. Documented rehabilitation goals are present.
3. Skilled supervision by a qualified healthcare professional is required.
4. Aquatic therapy is expected to improve the member's functional abilities.

Exclusions:

Aquatic therapy is not medically necessary when:

1. Performed primarily for maintenance
2. Therapy is self-directed
3. Provided as a group exercise program
4. Intended for general fitness or conditioning

b. Sports Medicine Rehabilitation

Inclusions:

Sports medicine rehabilitation programs are medically necessary for the following indications:

1. As an alternative to traditional therapy programs, when designed to restore function and strength to the members pre-injury level.

Exclusions:

Sports medicine rehabilitation is not medically necessary when provided to:

1. Train or strengthen muscles for specific sports movements
2. Strengthen muscles beyond restoration of pre-injury function

c. Biofeedback

Inclusions:

Biofeedback is medically necessary for specific medical diagnoses:

1. Refer to *Biofeedback Medical Policy* *No. 91002* for medically necessary indications.

d. Vestibular Rehabilitation

Inclusions:

Vestibular rehabilitation, under the short-term rehabilitation services benefit is medically necessary for the following:

1. Chronic vertigo when ***all*** of the following criteria are met:
    a. Diagnosis of vestibular disorder; and
    b. Symptoms (vertigo and imbalance) for more than six months that interfere with activities of daily living; and
    c. Failure of medical management (e.g., vertigo suppressant medications).

Exclusions:

Vestibular rehabilitation is not medically necessary for the following:

1. When the above criteria are not met.

e. Vision Therapy/Orthoptics (i.e., Orthoptic/ Pleoptic Training)

Inclusions:

1. Vision therapy or orthoptic training is medically necessary for specific medical diagnoses.

a. Refer to Vision Care Medical Policy No. 91538 for medically necessary indications.

4. **General Rehabilitative Therapy Exclusions**:

   The following services are **not** medically necessary (not an all-inclusive list, members should refer to their plan documents):

   a. All therapies for developmental delays or cognitive disorders, including physical, occupational, speech, cognitive and sensory integration therapy, except as specifically addressed in applicable *Autism Spectrum Disorders Medical Policy No. 91615*
   b. Work hardening, work conditioning programs, and vocational rehabilitation programs
   c. General strength training and exercise programs
   d. Educational services or treatment that are the legal responsibility of a school or another governmental program (*as elected by the member* in accordance with the authorization requirements of the Individuals with Disabilities Education Act)
   e. Prolotherapy
   f. Services intended solely to maintain current function without expectation of meaningful improvement

5. **Osteopathic Manipulative Treatment (OMT)**

   Inclusions:

   a. None

   Exclusions:

   b. OMT is experimental and investigation and not medically necessary for the following:
      i. Craniosacral therapy (cranial manipulation/Upledger technique)
      ii. Non-somatic internal organ disorders (e.g., gallbladder, spleen, intestinal, kidney, or lung disorders)
      iii. Non-musculoskeletal disorders (e.g., asthma, otitis media, infantile colic)
      iv. Scoliosis
      v. Temporomandibular joint (TMJ) disorder
      vi. Preventive treatment for the indications above

vii. Condition has returned to the pre-symptom baseline status
viii. Little or no improvement is demonstrated within 30 days of the initial visit despite modification of the treatment plan

6. **Equine therapy (Hippotherapy/Therapeutic Riding)**

Inclusions:

a. None

Exclusions:

a. Equine therapy, including hippotherapy and therapeutic riding, is considered experimental and investigational, and is not medically necessary due to insufficient evidence in peer-reviewed literature demonstrating clinically significant impact to long-term health outcomes.

B. Cardiac Rehabilitation

Inclusions:

1. Cardiac rehabilitation is medically necessary as short-term rehabilitative therapy when:
   a. Referred by a treating physician
   b. Provided under the general supervision of a physician
   c. Furnished through a structured cardiac rehabilitation program

2. Cardiac rehabilitation is medically necessary for individuals with any of the following:
   a. Coronary artery disease, including:
      i. Acute myocardial infarction within the previous 12 months
      ii. Coronary artery bypass graft (CABG) surgery
      iii. Percutaneous coronary intervention (PCI), including coronary angioplasty or coronary stent placement
      iv. Stable angina pectoris
   b. Heart valve repair or heart valve replacement
   c. Stable chronic heart failure
      i. Defined as having a left ventricular ejection fraction ≤35% and New York Heart Association (NYHA) class II to IV symptoms, despite being on optimal heart failure therapy for ≥6 weeks.

d. Heart transplantation
e. Heart-lung transplantation
f. Congenital heart disease following surgical repair or palliation
g. Dilated cardiomyopathy or left ventricular dysfunction

3. Supervised continuous ECG monitored exercise programs may be medically necessary for individuals at increased risk for cardiac complications, including:
i. Severely depressed left ventricular function (ejection fraction less than 30%)
ii. Complex ventricular arrhythmia at rest (Lown type 4 or 5)
iii. Exercise- induced ventricular arrhythmias
iv. Exercise- induced hypotension (decrease in systolic blood pressure)
v. Survivors of sudden cardiac death
vi. Recent myocardial infarction complicated by congestive heart failure, cardiogenic shock, and/or serious ventricular arrhythmias
vii. Severe coronary artery disease with significant exercise-induced ischemia
viii. Individuals unable to appropriately self-monitor heart rate due to physical or intellectual impairment.

Exclusions:

Cardiac rehabilitation is not medically necessary for:
1. Maintenance therapy or Phase III cardiac rehabilitation programs
2. Exercise programs that are not provided as part of a comprehensive cardiac rehabilitation program
3. General fitness conditioning programs

C. Pulmonary Rehabilitation

Inclusions:

1. Pulmonary rehabilitation is medically necessary for individuals with the following:
a. Chronic obstructive pulmonary disease (COPD) when the member is experiencing symptoms that limit the ability to perform activities of daily living (ADLs) despite optimal medical management.
b. Pre-operative conditioning for lung transplantation or post lung transplantation rehabilitation when the member is experiencing symptoms that limit the ability to perform activities of daily living (ADLs) despite optimal medical management.
c. Other chronic pulmonary diseases or conditions affecting pulmonary function when all of the following criteria are met:

i. Significant dyspnea and restriction in activities of daily living (ADLs) despite optimal medical management; and
ii. A pulmonary function test (PFT) demonstrates a diffusing capacity for carbon monoxide (DLCO), forced vital capacity (FVC), or forced expiratory volume in the first 1 second (FEV1) of less than 60% of predicted value; and
iii. The individual is 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.

Exclusions:

Pulmonary rehabilitation is not medically necessary for:

1. Maintenance therapy programs

Limitations:

The following limitations apply to **all rehabilitative therapy services in the above** section unless otherwise specified:

- The amount, frequency and duration of services must be reasonable and consistent with the members' clinical condition and functional deficits, and treatment goals.
- Services are limited to the number of visits determined to be medically necessary by Priority Health; or limited to the number of visits as outlined in the members' schedule of benefits, whichever is less.
- Short-term rehabilitative therapy services are limited by contract year and cannot, even if medically necessary, exceed the limit outlined in the member's schedule of benefits.
- Cardiac rehabilitation and pulmonary rehabilitation provided during an inpatient hospitalization (Phase I) are not subject to outpatient therapy limitations.
- Outpatient rehabilitative services, including cardiac rehabilitation and pulmonary rehabilitation, (Phase II) are subject to applicable rehabilitation therapy benefits and limitations as outlined in the member's Schedule of Benefits.
- Benefits and services related to autism spectrum disorder are addressed separately in Priority Health's *Autism Spectrum Disorders Medical Policy No. 91615*.

D. Habilitative Services

Inclusions:

1. Habilitative services (*not* related to autism spectrum disorder) (Individual and Small Group Products Only) are medically necessary for eligible members when **all** of the following criteria are met:
    a. The service is an evidence-based physical therapy or occupational therapy service provided by an appropriately licensed therapist under the direction of a physician or advanced practice provider in accordance with a written treatment plan established or certified by the treating physician or advanced practice provider.
    b. The service is intended to help the member acquire, maintain, learn, improve, or prevent deterioration of skills and functioning necessary for activities of daily living.
    c. The member has one of the following diagnoses:
        i. Developmental delay;
        ii. Developmental coordination disorder;
        iii. Mixed developmental disorder; or
        iv. Developmental speech or language disorder
            a) See Speech Therapy Medical Policy No. 91336

2. Habilitative Services (including Applied Behavioral Analysis for the treatment of autism spectrum disorder as required by the State of Michigan) related to autism spectrum disorder are eligible in accordance with the *Autism Spectrum Disorders Medical Policy* *No. 91615*

Exclusions:

Habilitative Services are not medically necessary for:

1. Conditions or diagnoses that are not specifically listed in 1.a and 1.b above. These include but are not limited to:
    a. Respite care
    b. Day care services
    c. Recreational care (programs or recreational therapy)
    d. Residential treatment services
    e. Social services
    f. Custodial care
    g. Education services or school-based instruction of any kind.

2. Maintenance therapy provided solely to preserve the current level of physical condition or maintenance therapy for chronic conditions

Limitations:

The following limitations apply to habilitative services noted above unless otherwise specified:

- Services must be reasonable and consistent with the member's diagnosis, functional deficits, and treatment goals.
- Habilitative services are subject to the members' Schedule of Benefits and applicable benefit limitations.
- Habilitative services are limited to individual and small group products when required under applicable Essential Health Benefit requirements (Patient Protection and Affordable Care Act [PPACA]), unless otherwise specified by the member's benefit plan.
- Habilitative services related to autism spectrum disorder are subject to the *Autism Spectrum Disorders Medical Policy No. 91615 and the Speech Therapy Medical Policy No. 91336*.

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
NCD - Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1) NCD - Intensive Cardiac Rehabilitation (ICR) Programs (20.31) NCD - Pulmonary Rehabilitation Services (240.8)	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	LCD - Outpatient Physical and Occupational Therapy Services (L34049) LCD - Physical Therapy - Home Health (L33942)

	LCD - Speech-Language Pathology (L34046)
First Coast Service Options, Inc.	None Identified
Wellpoint Federal (formerly National Government Services, Inc.)	LCD - Osteopathic Manipulative Treatment (L33616) LCD - Outpatient Physical and Occupational Therapy Services (L33631) LCD - Speech-Language Pathology (L33580)
Noridian Healthcare Solutions	None Identified
Novitas Solutions, Inc.	LCD - Speech - Language Pathology (SLP) Services: Communication Disorders (L35070)
Palmetto GBA	LCD - Outpatient Occupational Therapy (L34427) LCD - Outpatient Speech Language Pathology (L34429) LCD - Outpatient Physical Therapy (L34428)
WPS Insurance Corporation	None Identified

III. BACKGROUND

Rehabilitation services are designed to improve, restore, maintain, or prevent deterioration of physical, cognitive, communication, and functional abilities impaired by illness, injury, congenital conditions, surgery, or chronic disease. Rehabilitative therapies seek to help individuals regain function that has been lost or impaired, while habilitative services help individuals attain, maintain, or improve skills and functioning that have not yet developed due to a congenital, developmental, or acquired condition. Rehabilitation programs should be individualized, goal-directed, and based on the patient's clinical condition, functional deficits, and potential for improvement or preservation of function (CMS, 2026; MDHHS, 2026).

Physical Therapy (PT)

Physical therapy (PT) is a rehabilitative service focused on improving movement, physical function, and quality of life through assessment, diagnosis, and therapeutic intervention. PT interventions may include therapeutic exercise, neuromuscular re-education, gait training, balance training, manual therapy, functional training, and physical modalities such as heat, cold, electrical stimulation, ultrasound, and massage. Physical therapy is commonly prescribed following injury, surgery, neurologic disorders,

musculoskeletal conditions, cardiopulmonary disease, or loss of functional mobility, with the goal of restoring function, minimizing disability, and promoting safe participation in daily activities (CMS, 2026).

Occupational therapy (OT)
Occupational therapy (OT) focuses on helping individuals develop, restore, or maintain the skills necessary for activities of daily living, instrumental activities of daily living, work, school, and community participation. Occupational therapists utilize therapeutic activities, adaptive techniques, environmental modifications, assistive technology, and patient and caregiver education to improve independence and functional performance. OT services may address physical, cognitive, sensory, behavioral, and psychosocial impairments that affect an individual's ability to perform meaningful daily activities (CMS, 2026).

Speech-Language Pathology Services
Speech-language pathology (SLP) services evaluate and treat communication, cognitive-communication, voice, speech, language, fluency, swallowing, and related disorders. Speech-language pathologists work with both pediatric and adult populations to improve communication abilities, cognitive functioning, feeding skills, and safe swallowing. Treatment plans are individualized and may address deficits resulting from developmental disorders, neurologic disease, injury, stroke, or other medical conditions (CMS, 2026).

Cardiac Rehabilitation
Cardiac rehabilitation is a comprehensive, medically supervised secondary prevention program designed to improve cardiovascular health, functional capacity, quality of life, and long-term clinical outcomes following selected cardiac events and procedures. Contemporary cardiac rehabilitation programs incorporate exercise training, patient education, risk factor modification, nutritional counseling, medication optimization, psychosocial assessment, and support for behavior change. The American Heart Association (AHA) and the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) identify structured exercise training combined with comprehensive risk reduction strategies as core components of cardiac rehabilitation programs (Brown et al., 2024).

Cardiac rehabilitation is recommended for eligible individuals following myocardial infarction, coronary revascularization procedures, chronic stable angina, valve surgery, heart transplantation, and selected heart failure diagnoses. Participation has been shown to improve exercise tolerance, reduce cardiovascular risk factors, decrease hospitalizations, and improve quality of life (Brown et al., 2024; Heidenreich et al., 2022). Current guidelines encourage referral and enrollment as early as clinically appropriate following a qualifying cardiovascular event or procedure (Brown et al., 2024).

Pulmonary Rehabilitation

Pulmonary rehabilitation is a comprehensive intervention for patients with chronic respiratory disease who remain symptomatic or experience functional limitations despite standard medical therapy. According to the American Thoracic Society (ATS) and European Respiratory Society (ERS), pulmonary rehabilitation combines patient assessment with exercise training, education, self-management strategies, psychosocial support, and behavior modification designed to improve physical and emotional well-being and promote long-term adherence to healthy behaviors (Holland et al., 2021; Spruit et al., 2013).

Pulmonary rehabilitation is most commonly utilized for individuals with chronic obstructive pulmonary disease (COPD) but may also benefit patients with other chronic respiratory disorders, including interstitial lung disease, bronchiectasis, pulmonary hypertension, and chronic respiratory impairment following other pulmonary conditions. Evidence demonstrates that pulmonary rehabilitation improves exercise tolerance, dyspnea, health-related quality of life, and functional status while reducing symptom burden and healthcare utilization (GOLD, 2025; Holland et al., 2021; Rochester et al., 2015).

Maintenance therapy

Maintenance therapy consists of skilled services designed to preserve an individual's current functional status, prevent or slow further deterioration, or sustain gains achieved through previous rehabilitative interventions. Coverage determinations are based on whether skilled services are required to perform a maintenance program safely and effectively, rather than on the patient's potential for improvement alone. The CMS Jimmo Settlement clarified that the need for skilled nursing or therapy services may be established when the specialized skills of qualified professionals are necessary to maintain function or prevent decline, even when further functional improvement is not expected (CMS Jimmo Settlement, 2026; CMS Medicare Benefit Policy Manual, 2026).

Osteopathic Manipulative Treatment (OMT)

Osteopathic manipulative treatment (OMT) is defined by the American Association of Colleges of Osteopathic Medicine as the therapeutic application of manually guided forces by an osteopathic physician to improve physiologic function and support homeostasis. OMT is used to address somatic dysfunction, which refers to impaired or altered function of the skeletal, arthrodial, myofascial, vascular, lymphatic, and neural components of the body framework (AACOM, 2017).

Evidence supporting OMT varies by clinical indication. Clinical practice guidelines from the American Osteopathic Association support OMT as a treatment option for low back pain (Task Force on the Low Back Pain Clinical Practice Guidelines, 2016). However, systematic reviews evaluating OMT for pediatric conditions have found the overall quality of evidence to be low or very low, and effectiveness for many pediatric indications remains uncertain (Franke et al., 2022; Posadzki et al., 2022).

Habilitative Services

Habilitative services are healthcare services intended to help individuals acquire, maintain, or improve skills and functioning necessary for daily living. Unlike rehabilitation, which focuses on restoring lost abilities, habilitation supports the development of skills that may not have previously been attained due to congenital, developmental, or early acquired conditions. Examples include therapies designed to improve communication, mobility, self-care, and adaptive functioning in individuals with developmental disabilities or other conditions affecting normal skill acquisition.

Central Auditory Processing Interventions
Central auditory processing disorder (CAPD), also referred to as auditory processing disorder (APD), describes deficits in the perceptual processing of auditory information within the central nervous system and the associated neurobiological activity underlying that processing. Individuals may experience difficulty understanding speech in noise, auditory discrimination, auditory memory, or other auditory-related skills despite normal peripheral hearing. The diagnosis and management of CAPD remain challenging due to variability in diagnostic criteria, overlap with language, learning, and cognitive disorders, and limited consensus regarding underlying mechanisms and treatment approaches (Back et al., 2021; Cacace & Enayati, 2022).

One treatment approach that has been described in the literature is the Buffalo Model, which utilizes targeted auditory training activities based on identified auditory processing deficits. While auditory training programs may improve selected listening skills in some individuals, the evidence base remains limited and the effectiveness of specific protocols continues to be evaluated (Katz, 2007; Drosos et al., 2024).

Hippotherapy and Equine-Assisted Rehabilitation
Therapeutic riding and hippotherapy are distinct interventions. Therapeutic riding generally refers to adaptive riding activities conducted for recreation, education, or personal development. In contrast, hippotherapy is a treatment strategy utilized by licensed physical therapists, occupational therapists, or speech-language pathologists in which the movement of a horse is incorporated into a patient's therapy plan to address functional goals (American Hippotherapy Association, 2023).

The multidimensional movement of the horse provides rhythmic, repetitive sensory and motor input that may facilitate balance, postural control, coordination, strength, motor planning, and sensory processing. During treatment, the therapist continuously analyzes patient responses and modifies activities to support specific therapeutic objectives. The American Hippotherapy Association recommends that hippotherapy be integrated into a comprehensive therapy plan and delivered by appropriately trained rehabilitation professionals (American Hippotherapy Association, 2023).

Research has primarily focused on children with cerebral palsy and other neurologic conditions. Systematic reviews and meta-analyses suggest that hippotherapy may provide short-term improvements in balance, gross motor function, postural control, and spasticity; however, study quality is variable, sample sizes are often small, and evidence regarding long-term functional

outcomes remains limited (Heussen & Häusler, 2022; Santos de Assis et al., 2022; Pantera et al., 2022; Peia et al., 2023). Current evidence supports continued investigation, but definitive conclusions regarding long-term clinical effectiveness and superiority over conventional rehabilitation approaches have not been established.

Prolotherapy

Prolotherapy is an injection-based treatment involving administration of irritant or sclerosing solutions into joints, tendons, ligaments, or other musculoskeletal structures with the intent of stimulating tissue repair and reducing chronic pain. Proposed indications include chronic head, neck or low back pain; tendinopathies, and other musculoskeletal disorders.

Recent systematic reviews and meta-analyses have evaluated prolotherapy for chronic musculoskeletal pain, tendinopathies, osteoarthritis, and chronic low back pain. Although some studies demonstrate improvements in pain and functional outcomes compared with exercise therapy or placebo injections, findings are inconsistent across conditions, and substantial heterogeneity exists with respect to patient selection, injection protocols, comparator interventions, and outcome measures (Bae et al., 2021; Mociu et al., 2025).

Evidence reviews have also noted that prolotherapy generally has not demonstrated clear superiority to other injection-based therapies, such as platelet-rich plasma or corticosteroid injections, and many studies are limited by small sample sizes, methodological limitations, and inadequate long-term follow-up (Bae et al., 2021; Capotosto et al., 2024). Consequently, the overall quality of evidence remains insufficient to establish the effectiveness of prolotherapy for routine treatment of chronic musculoskeletal conditions.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
American heart Association (AHA) and the American Association of Cardiovascular and Pulmonary Rehabilitation	Core Components of Cardiac Rehabilitation Programs: 2024 Update: A Scientific Statement From the American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation (2024)
American Heart Association (AHA)/ American College of Cardiology (ACC)/ Heart Failure Society of America (HFSA)	2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines
American College of Cardiology Foundation (ACCF) /American Heart Association (AHA) Task Force on	2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention

Practice Guidelines and the Society for Cardiovascular Angiography and Interventions (SCAI)	
American Heart Association	Cardiac Rehabilitation in Women: A Scientific Statement from the American Heart Association (2025)
American Thoracic Society (ATS)	Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease: An Official American Thoracic Society Clinical Practice Guideline (2023)
Global Initiative for Chronic Obstructive Lung Disease (GOLD)	Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease (2025)
National Institute for Health and Care Excellence	COVID-19 rapid guideline: managing the long-term effects of COVID-19 (2024)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

VI. CODING

See also:
Priority Health Cardiac Rehabilitation Billing Policy No. 062
Priority Health Chiropractic Services Billing Policy No. 044

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.*

A. REHABILITATIVE AND HABILITATIVE THERAPY

ICD-10 Codes that may support medical necessity

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

Physical Therapy

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

CPT/HCPCS Codes

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

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)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 seq 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

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

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

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).

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
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 (e.g., 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 (e.g., 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 Medically Necessary

97037 Application of a modality to 1 or more areas; low-level laser therapy (e.g., non-thermal 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
S8940 Equestrian/hippotherapy, per session

Occupational Therapy

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

CPT/HCPCS Codes

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

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 (e.g., 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

92612 Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
92614 Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92616 Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording

Not Medically Necessary

93668 Peripheral arterial disease (PAD) rehabilitation, per session
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

CPT/HCPCS Codes

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 Medically Necessary

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

Biofeedback

- See Medical Policy*: Biofeedback* No. 91002

Vision Therapy and Orthoptics

CPT/HCPCS Codes

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- refer to *Michigan Department of Health & Human Services (MDHHS) Medicaid Provider Manual.*

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

REVENUE Codes

0943 Cardiac Rehabilitation

CPT/HCPCS Codes

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

Pulmonary Rehabilitation

ICD-10 Codes that may support medical necessity:

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

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

CPT/HCPCS Codes

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)

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, 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, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **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); 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. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, 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.

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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: Medicaid members may have Habilitative benefits in accordance with the applicable State 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:

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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
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
F84.0	See *policy #91615 Autism Spectrum Disorders* Autistic disorder	•	•	
F84.5	Asperger's syndrome	•	•	
F84.8	Other pervasive developmental disorders	•	•	

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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	
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, trisomy13	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	

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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
R45.856-R45.859	Symptoms and signs involving emotional state	NC	NC	NC

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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
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

Dx	Dx Description	Speech Therapy	Rehab Therapy (PT, OT, Chir, OMT)	Behavioral Health Therapy
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

SUMMARY OF CHANGES

Deletions:

- Removed Michigan-specific Medicaid and benefit coverage language to support a standardized, multi-state policy format.
- Removed outdated references and background content.
- Removed the provider referral note allowing therapy services for up to 21 days or 10 treatments without a referral, as this requirement is no longer operationally tracked.
- Removed redundant service-specific limitations and consolidated limitations where applicable.

Additions:

- Added updated cardiac rehabilitation criteria to further define stable chronic heart failure, including left ventricular ejection fraction ≤35% and New York Heart Association (NYHA) Class II-IV symptoms, consistent with current cardiac rehabilitation guidance.
- Added acute myocardial infarction “within the previous 12 months” as a qualifying indication for cardiac rehabilitation. The prior policy referred generally to post-acute myocardial infarction without a specified timeframe.
- Added Heart-Lung Transplantation as a qualifying diagnosis for Cardiac Rehabilitation per Society guidelines.
- Updated the background section and references to align with current literature and guidelines.

Changes:

- Converted the policy to the new template structure.
- Reorganized rehabilitative and habilitative services into Inclusions, Exclusions, and Limitations sections.

Clarifications:

- Updated policy language throughout for clarity, consistency, and alignment with current template standards.

Past committee review dates: 01/1993, 12/1999, 12/2001, 06/02, 06/2003, 05/2004, 05/2005, 04/2006, 08/2007, 04/2008, 04/2009, 06/2009, 02/2010, 02/2011, 04/2011, 02/2012, 08/2012, 08/2013, 12/2013, 11/2014, 11/2015, 11/2016, 08/2017, 05/2018, 05/2019, 05/2020, 05/2021, 05/2022, 11/2022, 08/2023, 08/2024, 02/2025, 08/2026,

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