



**UM-CDG-029 Outpatient Physical and Occupational  
Therapy Services**

**Approved By:  
Director, Health Services**

**Effective Date:  
10/22/2025**

***This Policy applies to all SECUR affiliates, associates, and subsidiaries.***

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

**PURPOSE**

This coverage determination guideline serves to address outpatient physical and occupational therapy services.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

**DEFINITIONS**

None

**POLICY**

Therapy plans of care are developed by the treating practitioner who will provide the therapy services. The plan of care must be certified by a physician or nurse practitioner. If the goal of the plan of care is to improve function, the documentation must support that the member requires the unique skills of a therapy to achieve functional improvement. If the goal of the plan of care is to maintain, prevent, or slow further deterioration of functional status, the documentation must support the member requiring the skill of a therapist to maintain, prevent, or slow deterioration of functional status.

All services provided are to be specific and effective treatments for the member’s condition(s) according to accepted standards of medical practice and the amount, frequency, and duration of the services must be reasonable. Services related to recreational activities such as tennis, golf, or jogging (and the like), are not considered medically necessary.

SECUR Health Plan considers services that do not require the professional skills of a therapist to perform or supervise as not medically necessary, even if the services are performed or supervised by a therapist, physician, or other practitioner. The skills of a therapist may be performed by an appropriately trained and experienced physician, nurse practitioner, physical therapy assistant, or occupational therapy assistant, supervised by a licensed therapist. If a member’s therapy can proceed safely and effectively through a home exercise program, self-management program, restorative nursing program, or caregiver assisted program, SECUR Health Plan will not consider this as medically necessary.

The service(s) being of a level of complexity and sophistication, or the condition of the member being such that services required can only be safely and effectively delivered by a qualified clinical or therapist supervising

assistants will be taking into consideration when determining if a service is skilled.

Maintenance therapy is when the skills of the therapist are necessary to safely and effectively furnish a recognized therapy service, where the goal is to maintain functional status or prevent further deterioration of functional status.

1. If the specialized skill, knowledge, and judgment of a qualified therapist are required to establish or design a maintenance program to maintain the member's current condition or to prevent further deterioration, the establishment or design of a maintenance program by a qualified therapist is considered medically necessary.
2. If skilled therapy services by a qualified therapist are required to instruct the member or their appropriate caregiver regarding the maintenance program, this is considered medically necessary.
3. If the skilled therapy services are required for periodic reevaluation or reassessment of the maintenance program, these reevaluations and/or reassessments are considered medically necessary.
4. Skilled care is necessary for the performance of a safe and effective maintenance program only when:
  - The skill of a therapist is required to be effective or
  - The member's special medical complications require the skill of a qualified therapist to furnish the therapy service to maintain the member's current level of function or to prevent deterioration, even if the skills of the therapist are not ordinarily needed for such therapy services.
5. If at any point during therapy, if the service(s) become repetitive and/or no longer require the skills of a therapist, the service(s) will no longer be considered medically necessary.
6. There may be circumstances where the member, with or without assistance of an aide or caregiver, performs activities planned by a clinician. Although these may be supportive to treatment, if the member is able to complete them with or without assistance, they are considered unskilled and not medically necessary.
7. An individualized plan of exercise and activity for members and their caregiver(s) may be developed by clinicians to maintain and enhance a member's progress during skilled therapy, as well as after discharge from therapy services. Such programs are an integral part of therapy from the start of care and should be updated and modified as the member progresses.
8. Should a member have a limited ability to comprehend instructions, follow directions, or remember skills that are necessary to achieve the desired functional status that is so severe that functional improvement is unlikely, rehabilitative therapy is not required and will be considered not medically necessary. In rare circumstances, with adequate supporting documentation, limited services may be considered medically necessary to instruct a caregiver on a member safety and/or maintenance program.
  - This does not apply to the limited situations where rehabilitative therapy is reasonable and achieving meaningful goals is appropriate, even when the member does not have the ability to understand instruction, follow direction, or retain skills. Examples of this include balancing or sitting exercises that help the member recover the ability to sit upright in a seat or wheelchair or safely transfer from a wheelchair to toilet.
  - This does not apply to members who have the potential to recover capabilities to remember, follow directions, and treatment following a traumatic brain injury (TBI).
9. The use of equipment such as therapeutic pools or gym equipment alone does not necessarily equate to skill.
10. SECUR Health Plan will not cover packaged or predetermined therapy services or programs such as Back Schools or preoperative joint classes with preset educational activities and exercises. Services must be individualized to the member.

Students, aides, athletic trainers, exercise physiologists, massage therapists, recreation therapists,

kinesiotherapists, low vision specialists, lymphedema specialists, pilates instructors, rehabilitation technicians, and life skills trainers are not considered qualified therapy professionals and their services will not be considered as medically necessary outpatient physical or occupational therapy services by SECUR Health Plan.

All therapy services should be provided in a manner consistent with the member's individual needs. The treatment plan should strive to provide treatment in the most efficient and effective manner, balancing the best appropriate and achievable outcomes with the most appropriate resources.

Modalities chosen to treat the member should be selected based on effectiveness and efficiency. Seldom should a member require more than two (2) modalities to the same body part during the same session. Use of more than two (2) modalities must be clearly indicated and justified in the supporting documentation. The treatment plan should include modalities and therapeutic procedures. Use of passive modalities that exceed four (4) visits should be adequately described and justified in the supporting documentation. Multiple heating modalities should not be used on the same day, with very little exception. As improvement is noted, modalities that are discontinued should be addressed in the supporting documentation.

Hot or cold packs (including ice massage) applied in the absence of associated procedures or modalities, or used alone to reduce discomfort are considered not to require the unique skills of a therapist and are considered not medically necessary.

Traction is generally limited to the cervical or lumbar spine with the expectation of relieving pain in or originating from those areas. Specific indications for the use of mechanical traction include cervical and/or lumbar radiculopathy and back disorders such as disc herniation, lumbago, and sciatica. This modality is typically used in conjunction with therapeutic procedures, not as an isolated treatment. Equipment and tables utilizing roller systems are not considered true mechanical traction. Services using this type of equipment are considered not medically necessary.

The use of vasopneumatic devices may be considered medically necessary for the application of pressure to an extremity for the purpose of reducing edema or lymphedema. Specific indications for the use of vasopneumatic devices include reduction of edema after acute injury or lymphedema of an extremity. Education on the use of a lymphedema pump for home use is covered when medically necessary and can typically be completed in three (3) or fewer visits once the member has demonstrated measurable benefit in the clinic environment. Further treatment of lymphedema by a vasopneumatic device rendered by a clinician after the educational visits is generally considered not medically necessary unless the member presents with a condition or status requiring the skills and knowledge of a physical or occupational therapist. The use of vasopneumatic devices is generally not considered medically necessary as a temporary treatment while awaiting receipt of ordered compression stockings.

Paraffin bath treatments do not require the skill of a therapist. However, the skills, knowledge and judgment of a therapist might be required in the provision of such treatment or baths in a complicated case. Only in cases with complicated conditions will paraffin be considered medically necessary, and then coverage is generally limited to educating the member/caregiver in home use. Paraffin is contraindicated for open wounds or areas with documented desensitization.

Whirlpool bath treatments do not require the skill of a therapist but supervision by a therapist could be medically necessary in the following:

- Complication condition with circulatory deficiency or areas of desensitization
- Open, draining wound with foul odor or necrosis

- Exfoliative skin impairment(s)

Dry hydrotherapy massage is considered investigational and not medically necessary.

Diathermy treatment causes vasodilation and pain relief from muscle spasm. Heating is accomplished without physical contact and can be used even if the skin is abraded if significant edema is not present. Diathermy achieves a greater rise in deep tissue temperature than microwave. As diathermy is considered a deep heat treatment, careful consideration should be given to the size, location and depth of the tissue the diathermy is intended to heat. For example, it may not be appropriate to perform diathermy treatment to the wrist or hand as most intended tissues would be considered superficial and the area is relatively small. Diathermy may be indicated when a large area of deep tissues requires heat. It would not be reasonable and necessary to perform both thermal ultrasound and diathermy to the same region of the body in the same visit as both are considered deep heat modalities. Pulsed wave diathermy is considered medically necessary for the same conditions and to the same extent as standard diathermy. Diathermy is not considered medically necessary for the treatment of asthma, bronchitis, or any other pulmonary condition. Microwave therapy is not considered medically necessary for any condition.

Ultraviolet treatment is generally used for members requiring the application of a drying heat. For example, this treatment would be considered reasonable and necessary for the treatment of severe psoriasis where there is limited range of motion.

Utilization of electrical stimulation may be considered medically necessary during the initial phase of treatment, but there must be an improvement in function. These modalities should be utilized with appropriate therapeutic procedures to effect continued improvement. Some members can be trained in the use of a home muscle stimulator. Only a maximum of two (2) visits should be needed to complete the training.

Electrical stimulation is not considered medically necessary when:

- Used for treatment of facial nerve paralysis (Bell's palsy)
- Used for treatment of motor function disorders such as multiple sclerosis
- Used for the treatment of stroke when there is no potential for restoration of function
- When electrical stimulation is the only intervention utilized solely for strengthening of a muscle with at least fair graded strength.

Iontophoresis is the introduction into the tissues, by means of an electric current, of the ions of a chosen medication. This modality is used to reduce pain and edema caused by a local inflammatory process in soft tissue. The evidence from published, peer-reviewed literature is insufficient to conclude that the iontophoretic delivery of non-steroidal anti-inflammatory drugs (NSAIDs) or corticosteroids is superior to placebo when used for the treatment of musculoskeletal disorders. Therefore, iontophoresis will be considered not medically necessary. Iontophoresis will be allowed for treatment of intractable, disabling primary focal hyperhidrosis that has not been responsive to recognized standard therapy. Good hygiene measures, extra-strength antiperspirants, and topical aluminum chloride should initially be tried.

Contrast baths are a form of therapeutic heat and cold applied to distal extremities in an alternating pattern. The effectiveness of contrast baths is thought to be due to reflex hyperemia produced by the alternating exposure to heat and cold. Hot and cold baths ordinarily do not require the skills of a therapist. However, the skills, knowledge and judgment of a therapist might be required in the provision of such treatments in a particular case, e.g., where the member's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fracture or other complication.

No more than two (2) visits will generally be covered to educate the member and/or caregiver in home use, and to evaluate effectiveness. Documentation must support the medical necessity of continued use of this modality for greater than two (2) visits.

Therapeutic ultrasound is a deep heating modality that produces a sound wave of 0.8 to 3.0 MHz. In the human body ultrasound has several pronounced effects on biologic tissues. It is attenuated by certain tissues and reflected by bone. Thus, tissues lying immediately next to bone may receive as much as 30% greater dosage of ultrasound than tissue not adjacent to bone. Because of the increased extensibility ultrasound produces in tissues of high collagen content, combined with the proximity of joint capsules, tendons, and ligaments to cortical bone where tissue may receive a more intense irradiation, ultrasound is an ideal modality for increasing mobility in those tissues. Medically necessary covered ultrasound may be pulsed or continuous width and should be used in conjunction with therapeutic procedures and not as an isolated treatment.

Specific indications for therapeutic ultrasound application include but are not limited to:

- Limited joint motion requiring an increase in extensibility
- Symptomatic soft tissue calcification
- Neuromas

Ultrasound application is considered not medically necessary for the following:

- Asthma, bronchitis, or any other pulmonary condition
- Conditions for which the ultrasound can be applied by the member without the need for a therapist or other professional to administer, and/or for extended period
- Wounds

Hubbard tank involves the member's immersion in a tank of agitated water to relieve muscle spasm, improve circulation, or cleanse wounds, ulcers, or exfoliative skin conditions. Qualified professional/auxiliary personnel one-on-one supervision of the member is required. If the level of care does not require the skills of a therapist, then the service is considered not medically necessary.

SECUR Health Plan does not consider it medically necessary to have more than one form of hydrotherapy during a single visit.

Unattended electrical stimulation should be utilized with appropriate therapeutic procedures to effect continued improvement. Medical necessity consideration for this indication is limited to those members where the nerve supply to the muscle is intact, including brain, spinal cord, and peripheral nerves, and other non-neurological reasons for disuse are causing the atrophy.

Pelvic floor electrical stimulation with a non-implantable stimulator is considered medically necessary for the treatment of stress and/or urge urinary incontinence in cognitively intact members who have failed a documented trial of pelvic muscle exercise (PME) training. A failed trial of PME training is defined as no clinically significant improvement in urinary continence after completing 4 weeks of pelvic muscle exercises designed to increase periurethral muscle strength.

Therapeutic procedures attempt to reduce impairments and restore function through the application of clinical skills and/or services. Use of these procedures is expected to result in improvement of the limitations/deficits in a reasonable and generally predictable period.

Use of these procedures requires the qualified professional/auxiliary personnel to have direct (one-on-one) member contact. Only the actual time of direct contact with the member providing a service which requires the skills of a therapist is considered for coverage. Supervision of a previously taught exercise or exercise program, members performing an exercise independently without direct contact by the qualified professional/auxiliary personnel, or use of different exercise equipment without requiring the intervention/skills of the qualified professional/ auxiliary personnel are not covered. The member may be in the facility for a longer period, but only the time the qualified professional/auxiliary personnel is providing direct, one-on-one, member contact which requires the skills of a therapist is considered covered time for these procedures, and only those minutes of treatment should be recorded.

Therapeutic exercises are used for the purpose of restoring strength, endurance, range of motion and flexibility where loss or restriction is a result of a specific disease or injury and has resulted in a functional limitation. Therapeutic exercises may require active, active-assisted, or passive participation by the member (e.g., isokinetic exercise, lumbar stabilization, stretching and strengthening).

Many therapeutic exercises may require the unique skills of a therapist to evaluate the member's abilities, design the program, and instruct the member or caregiver in safe completion of the special technique. However, after the teaching has been successfully completed, repetition of the exercise, and monitoring for the completion of the task, in the absence of additional skilled care, is non-covered.

For example, as part of the initial therapy program following total knee arthroplasty (TKA), a member may start a session on the exercise bike to begin gentle range of motion activity. Initially the member requires skilled progression in the program from pedal-rocks, building to full revolutions, perhaps assessing and varying the seat height and resistance along the way. Once the member can safely exercise on the bike, no longer requiring frequent assessment and progression, even if set up is required, the bike now becomes an "independent" program and is no longer covered by Medicare. While the qualified professional/auxiliary personnel may still require the member to "warm up" on the bike prior to other therapeutic interventions, it is considered a non-skilled, unbillable service and should not be included in the total timed code treatment minutes. *Non-skilled interventions need not be recorded in the Treatment Notes as they are not billable.* However, notation of non-skilled exercises may be reported if the documentation indicates that the service was not billed (e.g., not included in the treatment minutes documented).

Exercises to promote overall fitness, flexibility, endurance (in absence of a complicated member condition), aerobic conditioning, or weight reduction, are not covered.

Maintenance exercises to maintain range of motion and/or strength may only be covered when all criteria above for skilled maintenance therapy are met. In addition, exercises that do not require, or no longer require, the skilled assessment and intervention of a qualified professional/auxiliary personnel are non-covered. Repetitive type exercises often can be taught to the member or a caregiver as part of a self-management, caregiver or nursing program.

Lack of exercise equipment at home does not make continued treatment in the clinic skilled or reasonable and necessary. The home program may need to be carried out through community resources.

Neuromuscular Re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities is provided for the purpose of restoring balance, coordination, kinesthetic sense, posture, and proprioception (e.g., proprioceptive neuromuscular facilitation (PNF), BAP's

boards, vestibular rehabilitation, desensitization techniques, balance and posture training).

This procedure may be reasonable and necessary for restoring prior function which has been affected by:

- loss of deep tendon reflexes and vibration sense accompanied by paresthesia, burning, or diffuse pain of the feet, lower legs, and/or fingers;
- nerve palsy, such as peroneal nerve injury causing foot drop;
- muscular weakness or flaccidity as result of a cerebral dysfunction, a nerve injury or disease or having had a spinal cord disease or trauma;
- poor static or dynamic sitting/standing balance;
- postural abnormalities;
- loss of gross and fine motor coordination;
- hypo/hypertonicity.

Vestibular ocular reflex training is another example where the service is mainly a member self-directed therapy exercise following initial education. There is moderate evidence that correctly educated members benefit from performing these exercises regularly in their home. This training can be an integral component, but not a separately payable service, of appropriate balance and gait re-training, where clinically indicated.

It may not be reasonable and necessary to extend visits for a member with falls, or any member receiving therapy services, if the purpose of the extended visits is to:

- remind the member to ask for assistance;
- offer close supervision of activities due to poor safety awareness;
- remind a member to slow down;
- offer routine verbal cues for compensatory or adaptive techniques already taught;
- remind a member to use an assistive device; or
- train multiple caregiver

In these instances, once the appropriate cues have been determined by the qualified professional/auxiliary personnel, training of caregivers can be provided, and the care should be turned over to supportive personnel or caregivers since repetitive cues and reminders do not require the skills of a therapist.

Aquatic therapy refers to any therapeutic exercise, therapeutic activity, neuromuscular re-education, or gait activity that is performed in a water environment including whirlpools, hubbard tanks, underwater treadmills and pools.

This procedure may be reasonable and necessary for the loss or restriction of joint motion, strength, mobility, balance or function due to pain, injury, or illness by using the buoyancy and resistance properties of water.

Aquatic therapy may be considered reasonable and necessary for a member without the ability to tolerate land-based exercises for rehabilitation. Aquatic therapy exercises should be used to facilitate progression to land based therapy and to increased function. The qualified professional/auxiliary personnel does not need to be in the water with the member unless there is an identified safety issue.

Exercises in the water environment to promote overall fitness, flexibility, improved endurance, aerobic conditioning, or weight reduction, are not covered. Exercises in the water environment for maintenance purposes may only be covered when all criteria above for skilled maintenance therapy are met.

If continued aquatic exercise is needed, the member should be instructed in a home program during these visits.

Lack of pool facilities at home does not make continued treatment skilled or reasonable and necessary. The home program may need to be carried out through community resources.

Consider the following points when providing aquatic therapy services.

- Does your member require the skills as a therapist, or could the member achieve functional improvement through a community-based aquatic exercise program?
- There are a limited number of therapeutic exercises generally performed in the water. These exercises become repetitive quickly. Once a member can demonstrate an exercise safely, you may no longer bill Medicare for the time it takes the member to perform this now independent exercise. If the same exercise is performed over a number of sessions, the documentation must describe the skilled nature of the qualified professional's/auxiliary personnel's intervention during the therapeutic exercise to support the ongoing medical necessity.
- Members who will not be continuing their water-based program as a maintenance program should be transitioned to land-based exercises as soon as reasonably possible for the member's condition.

Gait training may be reasonable and necessary for training members and instructing caregivers in ambulating members whose walking abilities have been impaired by neurological, muscular, or skeletal abnormalities or trauma.

Indications for gait training include, but are not limited to:

- a cerebral vascular accident resulting in impairment in the ability to ambulate, now stabilized and ready to begin rehabilitation;
- musculoskeletal trauma, requiring ambulation reeducation;
- a chronic, progressively debilitating condition for which safe ambulation has recently become a concern;
- an injury or condition that requires instruction in the use of a walker, crutches, or cane;
- a member fitted with a brace or lower limb orthosis or prosthesis and requires instruction in ambulation;
- a condition that requires retraining in stairs/steps or other uneven surfaces appropriate to home and community function (ramps, inclines, curbs, grass, etc.);
- instructing a caregiver in appropriate guarding and assistive techniques.

Gait training is not considered reasonable and necessary when the member's walking ability is not expected to improve.

Repetitive walk-strengthening exercise (such as for feeble members or to increase endurance or gait distance) does not require the skills of the therapist and is considered not reasonable and necessary and is non-covered.

Antalgic gait alone does not support the need for ongoing skilled gait training. Antalgic gait refers to a gait pattern assumed to avoid or lessen pain. Limited gait training may be appropriate, when supported as medically necessary in the documentation, to teach the member improved gait patterns to reduce the stress on the painful area. In most circumstances, as the pain decreases (with or without skilled therapy intervention) the gait will improve spontaneously without the need for skilled gait training intervention.

*coverage for NMES/FES for walking will be covered in SCI members with all of the following characteristics:*

- Persons with intact lower motor units (L1 and below) (both muscle and peripheral nerve);
- Persons with muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently;
- Persons that demonstrate brisk muscle contraction to NMES and have sensory perception [of] electrical stimulation sufficient for muscle contraction;

- Persons that possess high motivation, commitment and cognitive ability to use such devices for walking;
- Persons that can transfer independently and can demonstrate independent standing tolerance for at least 3 minutes;
- Persons that can demonstrate hand and finger function to manipulate controls;
- Persons with at least 6-month post recovery spinal cord injury and restorative surgery;
- Persons with[out] hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis; and
- Persons who have demonstrated a willingness to use the device long-term.

Massage may be medically necessary as adjunctive treatment to another therapeutic procedure on the same day, which is designed to reduce edema, improve joint motion, or relieve muscle spasm. Massage chairs, aqua massage tables and roller beds are not considered massage. These services are non-covered. Massage is not covered as an isolated treatment.

- Manual traction may be considered reasonable and necessary for cervical dysfunctions such as cervical pain and cervical radiculopathy.
- Joint Mobilization (peripheral and/or spinal) may be considered reasonable and necessary if restricted or painful joint motion is present and documented. It may be reasonable and necessary as an adjunct to therapeutic exercises when loss of articular motion and flexibility impedes the therapeutic procedure.
- Myofascial release/soft tissue mobilization, one or more regions, may be reasonable and necessary for treatment of restricted motion of soft tissues in involved extremities, neck, and trunk. Skilled manual techniques (active or passive) are applied to soft tissue to effect changes in the soft tissues, articular structures, neural or vascular systems.
- Manipulation, which is a high-velocity, low-amplitude thrust technique or Grade V thrust technique, may be reasonable and necessary for treatment of painful spasm or restricted motion in the periphery, extremities or spinal regions.
- Manual lymphatic drainage/complex decongestive therapy (MLD/CDT)  
MLD / CDT is indicated for both primary and secondary lymphedema. Lymphedema in the Medicare population is usually secondary lymphedema, caused by known precipitating factors. Common causes include surgical removal of lymph nodes, fibrosis secondary to radiation, and traumatic injury to the lymphatic system.

Both primary and secondary lymphedemas are chronic and progressive conditions which can be brought under long-term control with effective management. By maintaining control of the lymphedema, members can:

- restore a normal, or near normal, shape;
- reduce the potential for complications (e.g., cellulitis, lymphangitis, deformity, injury, fibrosis, lymphangiosarcoma (rare), etc.);
- reduce functional deficits to resume activities of daily living.
- MLD/CDT consists of skin care, manual lymph drainage, compression wrapping, and therapeutic exercises. Coverage of MLD / CDT would only be allowed if all the following conditions have been met:
  - there is a physician-documented diagnosis of lymphedema (primary or secondary);
  - the member has documented signs or symptoms of lymphedema;
  - the member or member caregiver can understand and comply with the continuation of the treatment regimen at home.

- The goal of treatment is to reduce lymphedema of an extremity by routing the fluid to functional pathways, preventing backflow as the new routes become established, and to use the most appropriate methods to maintain such reduction of the extremity after therapy is complete. This therapy involves intensive treatment to reduce the volume by a combination of manual decongestive therapy and serial compression bandaging, followed by an exercise program. Ultimately the plan must be to transfer the responsibility of care from the therapist to management by the member, member's family, or member's caregiver.
  - In moderate-severe lymphedema, daily visits may be required for the first week.
  - Education should be provided to the member and/or caregiver on the correct application of the compression bandage.
- MLD/CDT is not covered for:
  - conditions reversible by exercise or elevation of the affected area;
  - dependent edema related to congestive heart failure or other cardiomyopathies;
  - members who do not have the physical and cognitive abilities, or support systems, to accomplish self-management in a reasonable time;
  - continuing treatment for a member non-compliant with a program for self-management.

Group therapy procedures involve constant attendance of the physician, NPP, therapist, or assistant, but by definition do not require one-on-one member contact.

Supervision of a previously taught exercise program or supervising members who are exercising independently is not a skilled service and is not covered as group therapy or as any other therapeutic procedure. Supervision of members exercising on machines or exercise equipment, in the absence of the delivery of skilled care, is not a skilled service and is not covered as group therapy or as any other therapeutic procedure.

Non-covered as group therapy

- Groups directed by a student, therapy aide, rehabilitation technician, nursing aide, recreational therapist, exercise physiologist, or athletic trainer
- Routine (i.e., supportive) groups that are part of a maintenance program, nursing rehabilitation program, or recreational therapy program
- Groups using biofeedback for relaxation
- Viewing videotapes; listening to audiotapes
- Group treatment that does not require the unique skills of a therapist

Therapeutic activities are considered reasonable and necessary for members needing a broad range of rehabilitative techniques that involve movement. Movement activities can be for a specific body part or could involve the entire body. This procedure involves the use of functional activities (e.g., bending, lifting, carrying, reaching, catching, pushing, pinching, grasping, transfers, bed mobility and overhead activities) to restore functional performance in a progressive manner. The activities are usually directed at a loss or restriction of mobility, strength, balance, or coordination. They require the skills of the therapist to design the activities to address a specific functional need of the member and to instruct the member in their performance. These dynamic activities must be part of an active treatment plan and must be directed at a specific outcome.

In order for therapeutic activities to be covered, the following requirements must be met:

- the member has a documented condition for which therapeutic activities can reasonably be expected to restore or improve functioning;
- there is a clear correlation between the type of therapeutic activity performed and the member's underlying medical condition;
- the member's condition is such that he/she is unable to perform the therapeutic activities without the

skilled intervention of the qualified professional/auxiliary personnel.

Development of cognitive skills to improve attention, memory, and problem solving is designed to improve attention, memory, and problem-solving, including the use of compensatory techniques. Cognitive skill training may be medically necessary for members with acquired cognitive deficits resulting from head trauma, or acute neurologic events including cerebrovascular accidents. Impaired functions may include but are not limited to ability to follow simple commands, attention to tasks, problem solving skills, memory, ability to follow numerous steps in a process, perform in a logical sequence and ability to compute. Conditions without potential for improvement or restoration, such as chronic progressive brain conditions, would not be appropriate. Evidence-based reviews indicate that cognitive rehabilitation (and specifically memory rehabilitation) is not recommended for members with severe cognitive dysfunction. Cognitive skill training should be aimed towards improving or restoring specific functions which were impaired by an identified illness or injury, and expected outcomes should be reasonably attainable by the member as specified by the plan of care.

Those services that a member may engage in without a skilled therapist qualified professional/auxiliary personnel are not covered under the Medicare benefit.

Sensory integrative techniques are performed to enhance sensory processing and promote adaptive responses to environmental demands. These treatments are performed when a deficit in processing input from one of the sensory systems (e.g., vestibular, proprioceptive, tactile, visual or auditory) decreases an individual's ability to make adaptive sensory, motor and behavioral responses to environmental demands. Individuals in need of sensory integrative treatments demonstrate a variety of problems, including sensory defensiveness, over-reactivity to environmental stimuli, attention difficulties, and behavioral problems.

Sensory integration treatments are often associated with pediatric populations. For non-pediatric members, these services may be medically necessary for acquired sensory problems resulting from head trauma, illness, or acute neurologic events including cerebrovascular accidents. They are not appropriate for members with progressive neurological conditions without potential for functional adaptation. Therapy is not considered a cure for sensory integrative impairments, but is used to facilitate the development of the nervous system's ability to process sensory input differently.

Self-care/home management training and compensatory training, meal preparation, safety procedures, and instructions in the use of assistive technology/devices/adaptive equipment is reasonable and necessary only when it requires the skills of a therapist, is designed to address specific needs of the member, and is part of an active treatment plan directed at a specific outcome.

The member must have a condition for which self-care/home management training is reasonable and necessary. The training should be focused on a functional limitation(s) in which there is potential for improvement in a functional task that will be meaningful to the member and the caregiver. The member and/or caregiver must have the capacity and willingness to learn from instructions. Documentation must relate the training to expected functional goals that are attainable by the member.

Services provided to the same member by physical therapy and occupational therapy may be covered if separate and distinct goals are documented in the treatment plans and there is no duplication of services.

Many ADL/IADL (instrumental activities of daily living) impairments may require the unique skills of a therapist to evaluate the member's abilities, design the program and instruct the member or caregiver in safe completion of the special technique. However, repetitious completion of the activity, once taught and monitored, is non-covered

care.

Community/Work Reintegration training may be medically necessary when performed in conjunction with a member's individual treatment plan aimed at improving or restoring specific community functions which were impaired by an identified illness or injury and when realistically expected outcomes are specified in the plan.

General activity programs, and all activities which are primarily social or diversional in nature, will be denied because the professional skills of a therapist are not required. Services must be necessary for medical treatment of an illness or injury rather than related solely to specific leisure or employment opportunities, work skills or work settings.

Under the Occupational Therapy benefit, this service may be covered for the provision of compensatory training of members in driving techniques. The members must be identified as meeting Medicare criteria for coverage:

- the need for therapy is a result of an identified injury or illness, NOT simply generalized aging, weakness or debility;
- the need for therapy must be demonstrated by an assessment which shows the member has a reasonable expectation of being able to drive a vehicle after being treated under an occupational therapy plan of care;
- assessments performed only for the purpose of disqualifying the member from driving are not a covered benefit.

Wheelchair management is used to reflect the skilled wheelchair management intervention clinicians provide related to the assessment, fitting and/or training for members who must utilize a wheelchair for mobility. This service trains the member, family and/or caregiver in functional activities that promote safe wheelchair mobility and transfers. Members who are wheelchair bound may occasionally need skilled input on positioning to avoid pressure points, contractures, and other medical complications.

Consider the following points when providing wheelchair management services.

- Assessment for non-specialized wheelchairs, cushions, lapboards, wheelchair trays, or lap buddies for a member without a complicating condition typically does not require the unique skills of a therapist.
- A seating assessment is not medically necessary for every member.
- Skilled intervention would not be necessary for wheelchair issues that the member can self-correct.
- The member/caregiver must have the capacity and willingness to learn from instructions.
- When wheelchair and seating assessments are reasonable, care should be turned over to supportive personnel or a caregiver once the necessary modifications are completed.
- Ongoing visits for increasing sitting times are generally not reasonable and necessary when no member problems are documented.
- Visits made for restraint reduction are generally non-covered.
- It is expected that multiple wheelchair and seating deficits discovered during the initial evaluation would be treated concurrently. If not, documentation must indicate that a new problem/deficit occurred, or include rationale why a problem being treated in the later stages of therapy was not addressed previously.

Work hardening/conditioning is related solely to specific work skills and will be denied as not medically necessary for the diagnosis or treatment of an illness or injury.

Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

Active wound care procedures are performed to remove devitalized tissue and promote healing, and involve selective and non-selective debridement techniques. Debridement is indicated whenever necrotic tissue is present in an open wound. Debridement may also be indicated in cases of abnormal wound healing or repair. Debridement will not be considered a reasonable and necessary procedure for a wound that is clean and free of necrotic tissue.

Note: While debridement is considered a covered service for appropriately selected wounds, the following services are considered non-covered for the treatment of wounds.

- Topical application of oxygen (CMS Publication 11-03, *Medicare National Coverage Determinations (NCD) Manual*, section 270.4.)
- Ultrasound
- Infrared and/or near-infrared light and/or heat, including monochromatic infrared energy (MIRE) (CMS Publication 11-03, *Medicare National Coverage Determinations (NCD) Manual*, section 270.6.)
- Low Level Laser Treatment (LLLT) (refer to CPT code 0552T)
- Magnet therapy
- Autologous blood-derived products for chronic, non-healing wounds (CMS Publication 11-03, *Medicare National Coverage Determinations (NCD) Manual*, section 270.3.)
- Routine dressing changes
- Non-Contact Normothermic Wound Therapy (NNWT) (CMS Publication 11-03, *Medicare National Coverage Determinations (NCD) Manual*, section 270.2.)

Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session;

Negative pressure wound therapy, (eg, 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;

Negative pressure wound therapy (NPWT) involves negative pressure to the wound bed to manage wound exudates and promote wound healing. NPWT consists of a sterile sponge held in place with transparent film, a drainage tube inserted into the sponge, and a connection to a vacuum source.

NPWT is indicated for use as an adjunct to standard treatment in carefully selected members who have failed all other forms of treatment. NPWT may be indicated for wounds such as:

- Stage III or IV pressure ulcers;
- Neuropathic (for example, diabetic) ulcers;
- Chronic arterial or venous insufficiency ulcers;
- Complications of surgically created or traumatic wounds.

NPWT is not covered for:

- Stage I or II pressure ulcers;
- Wounds with eschar if debridement is not attempted;
- Untreated osteomyelitis within the vicinity of the wound;
- Cancer present in the wound;
- Active bleeding;
- The presence of a fistula to an organ or body cavity within the vicinity of the wound.

Physical performance testing may be reasonable and necessary for members with neurological, musculoskeletal, or pulmonary conditions. It is not reasonable and necessary for the test to be performed and billed on a routine basis (i.e., monthly or instead of billing a reevaluation) or to be routinely performed on all members treated.

Assistive technology assessment is when the provider performs an assessment of the suitability and benefits of acquiring any assistive technology device or equipment that will help restore, augment, or compensate for existing functional ability in the member (e.g., provision of large amounts of rehabilitative engineering). Coverage is specifically for assessment of mobility, seating and environmental control systems that require high level adaptations, not for routine seating and mobility systems (e.g., manual/power wheelchair evaluations).

An orthotic is a brace that includes rigid and semi-rigid components that are used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. (Elastic stockings, garter belts, neoprene braces and similar devices do not come within the scope of the definition of a brace.) HCFA Ruling 96-1 clarifies that the "orthotics" benefit is limited to leg, arm, back, and neck braces that are used independently rather than in conjunction with, or as components of, other medical or non-medical equipment.

When consideration is made for a member to require an orthotic, the therapist targets the problems in performance of movements or tasks, or identifies a part that requires immobilization, and selects the most appropriate orthotic device, then fits the device, and trains the member and/or caregivers in its use and application. The goal is either to promote indicated immobilization or to assist the member to function at a higher level by decreasing functional limitations or the risk of further functional limitations.

The complexity of the member's condition is to be documented to show the medical necessity of skilled therapy to assess, fit, and instruct in the use of the orthotic.

An orthotic may be prefabricated or custom-fabricated.

A prefabricated orthotic is one that is manufactured in quantity and then modified with a specific member in mind. A prefabricated orthotic may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific member (i.e., custom fitted). An orthotic that is assembled from prefabricated components is considered prefabricated.

A custom fabricated orthotic is one that is individually made for a specific member starting with basic materials including, but not limited to, plastic, metal, leather, or cloth, from the member's individualized measurements.

A molded-to-member model orthotic is a particular type of custom fabricated orthotic in which an impression of the specific body part is made and the impression is then used to make a positive model. The orthotic is molded from the member-specific model.

For uncomplicated conditions, the following services would not be considered reasonable and necessary as they would not require the unique skills of a therapist.

- Issuing off-the-shelf splints for foot drop or wrist drop
- Issuing off-the-shelf foot or elbow cradles for routine pressure relief (these are not considered orthotics)
- Issuing "carrots" (i.e., cylindrical, cone-shaped forms) or towel rolls for hand contractures for hygiene purposes
- Bed positioning (e.g., pillows, wedges, rolls, foot cradles to relieve potential pressure areas)

Repetitive range of motion prior to placing an orthotic/positioner to maintain the range of motion is not reasonable and necessary when the therapeutic intent is primarily to maintain range of motion within a chronic condition,

except when all criteria above for maintenance programs are met. Ongoing therapy visits for increasing wearing time are generally not reasonable and necessary when member problems related to the orthotic have not been observed.

Prosthetic training is the professional instruction necessary for a member to properly use an artificial device that has been developed to replace a missing body part. Prosthetic training includes preparation of the stump, skin care, modification of prosthetic fit (revisions to socket liner or stump socks), and initial mobility and functional activity training. These assessments may not be considered reasonable and necessary when a device is newly issued or when a device is reissued or replaced after normal wear and no modifications are needed.

Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care

Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care

ES and electromagnetic therapy services can only be covered when performed by a therapist, a physician or incident to a physician's service. Evaluation of the wound is an integral part of wound therapy. When providing ES or electromagnetic therapy, the therapist must evaluate and frequently reassess the wound, contacting the treating physician if the wound worsens

Muscle and range of motion assessments must be provided by therapists or physician/NPP (not therapy assistants) and include objective testing and measurement (such as ROM and manual muscle testing) to make clinical judgments regarding the member's condition to determine the next step in the treatment plan. On rare occasions, it may be appropriate to perform a thorough range of motion or manual muscle test during the course of treatment that is separate from the evaluation/reevaluation. Members with complicated conditions may warrant specialized tests and measures with standardized reports. For example, a member with an incomplete C5 quadriplegia at six months post-injury may need specialized testing for ROM or strength measurements to address specific deficits and goals. Testing must be pertinent to the plan of care and the diagnosis. It is not reasonable or necessary for these codes to be performed on a routine basis or to be routinely used for all members (e.g., monthly or in the place of billing for a reevaluation).

The casting and strapping procedures apply when the cast application or strapping is a replacement procedure used during or after the period of follow-up care, or when the cast application or strapping is an initial service performed without a restorative treatment or procedure(s) to stabilize or protect a fracture, injury, or dislocation and/or to afford comfort to a member. Therapists typically do not utilize casting interventions for the treatment of fractures. However, casting techniques used by therapists for positioning and stretching are a covered service when an improvement can be noted in an individual's movement patterns and skills. For example, a spastic hand can be casted to facilitate relaxation of the fingers. Serial casting can be essential for individuals with traumatic brain injury-induced spasticity, CVA, and other conditions. Casting should not be utilized for basic contracture management issues. Casting goals should objectively indicate expectation of progress, whereas the main function of contracture management is to decrease the risk of further contracture. Strapping refers to the application of overlapping strips of adhesive plaster or tape to a body part to exert pressure and hold a structure in place. Strapping may be used to treat strains, sprains, dislocations, and some fractures. The strapping codes are intended to be used when the desired effect is to provide total immobilization or restriction of movement. These services

are typically performed outside a therapy plan of care.

The application of Unna boot paste (zinc, gelatin, or other product) as a bandage or “colloid” dressing, is applied to an extremity for the treatment of dermatological, vascular, and on occasion, other conditions. These dressings are often covered by an elastic bandage to give added support, hold the dressing in place and provide a protective cover. Unna boot application is appropriate in the treatment of ulcerations with and without inflammation due to stasis dermatitis produced by vascular insufficiency. The Unna boot is also appropriate for treating ligamentous injuries (sprains and strains) of the ankle. Unna boots need to be changed on a regular basis, depending on the exact type used and the indication.

Splinting codes, though rarely used by therapists, may be appropriate for clinical situations (e.g., fracture, sprain, dislocation) where temporary immobilization/fixation is required until there is further treatment disposition.

Canalith repositioning is used for the treatment of benign paroxysmal positional vertigo (BPPV). It is covered when performed by physicians, qualified non-physician providers and therapists. The procedure is covered as a single service per day, regardless of the duration required to provide the service or the number of repeat services. It is anticipated that the frequency and the total number of this service provided would be limited to five or fewer encounters, as the member may be able to be trained to perform these maneuvers on his/her own without the assistance/supervision of a trained professional. The medical record should include documentation of the plan of care, the member’s progress, and conditions requiring continued supervision by a trained professional. When provided during the same encounter as an E&M service, subsequent to the diagnosis of and first encounter for the BPPV, a significant and separately identifiable reason supporting the E&M service should be present.

The following are non-covered as skilled therapy services. This is not an all inclusive list.

- Iontophoresis, except as indicated for primary focal hyperhidrosis
- Anodyne
- Low level laser treatment (LLLT)/cold laser therapy
- Dry hydrotherapy massage (e.g., aquamassage, hydromassage, or water massage)
- Massage chairs or roller beds
- Interactive metronome therapy
- Loop reflex training
- Vestibular ocular reflex training
- Continuous passive motion (CPM) device setup and adjustments except when specifically covered per guidance in NCD 280.1
- Craniosacral therapy
- Electro-magnetic therapy, except as indicated for chronic wounds
- Constraint Induced Movement Therapy (CIMT)
- Work-hardening programs
- Pelvic Floor Dysfunction (not including incontinence)
  - Due to the lack of peer reviewed evidence concerning the effect on member health outcomes, skilled therapy interventions (e.g., ultrasound, electrical stimulation, soft tissue mobilization, and therapeutic exercise) for the treatment of the following conditions is considered investigational and thus non-covered.
    - pelvic floor congestion
    - pelvic floor pain not of spinal origin

- hypersensitive clitoris
  - prostatitis
  - cystourethrocele
  - enterocele
  - rectocele
  - vulvodynia
  - vulvar vestibulitis syndrome (VVS)
- Frequency Specific Microcurrent: non-covered due to lack of medical literature supporting the effectiveness of this therapy
  - Whole body periodic acceleration: does not meet the benefit requirement that it requires the services of a skilled professional
  - Light beam Generator therapy: non-covered due to lack of medical literature supporting the effectiveness of this therapy
  - Functional Electrical Stimulating (FES) devices other than those that assist in walking are not covered under Medicare [NCD 160.12]. Consequently, any services related to the evaluation for or training of members to use such a device is not covered. Such devices may include, but are not limited, to the Ergys® system.

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