

## PHYSICAL MEDICINE/THERAPY

ISSUE DATE: April 19, 1983

AUTHORITY: 32 CFR 199.4(b)(2)(xi), (b)(3)(vii), and (c)(3)(x)

---

### I. CPT<sup>1</sup> PROCEDURE CODES

93668, 96000 - 96004, 97001 - 97002, 97012 - 97530, 97532, 97533, 97542 - 97750, and 97799

### II. DESCRIPTION

A. The treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury or loss of a body part.

B. Physical therapy services consist of the physical evaluation of a patient by muscle testing and other means and the prescribed therapeutic treatment and services of a definite functional nature.

### III. POLICY

A. Benefits are payable for inpatient or outpatient physical therapy services that are determined to be medically necessary for the treatment of a covered condition, and that are directly and specifically related to an active written regimen.

B. Physical therapy services must be prescribed by a physician and professionally administered to aid in the recovery from disease or injury to help the patient in attaining greater self-sufficiency, mobility, and productivity through exercises and other modalities intended to improve muscle strength, joint motion, coordination, and endurance.

C. If physical therapy is performed by other than a physician, a physician (or other authorized individual professional provider acting within the scope of his/her license) should refer the patient for treatment and supervise the physical therapy.

D. Reimbursement for covered physical therapy services is based on the appropriate CPT<sup>1</sup> procedure codes for the services billed on the claim.

---

<sup>1</sup> CPT codes, descriptions and other data only are copyright 2002 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

E. Physical therapists are not authorized to bill using Evaluation and Management (E&M) codes listed in the Physician's Current Procedural Terminology.

#### IV. EXCLUSIONS

A. The following services are not covered:

1. Diathermy, ultrasound, and heat treatments for pulmonary conditions.
2. General exercise programs, even if recommended by a physician (or other authorized individual professional provider acting within the scope of their license).
3. Electrical nerve stimulation used in the treatment of upper motor neuron disorders such as multiple sclerosis.
4. Separate charges for instruction of the patient and family in therapy procedures.
5. Repetitive exercise to improve gait, maintain strength and endurance, and assistive walking such as that provided in support of feeble or unstable patients.
6. Range of motion and passive exercises which are not related to restoration of a specific loss of function, but are useful in maintaining range of motion in paralyzed extremities.
7. Maintenance physical therapy after a therapy program has been designed.
8. Services of chiropractors and naturopaths whether or not such services would be eligible for benefits if rendered by an authorized provider.
9. Acupuncture with or without electrical stimulation.
10. Athletic training evaluation (CPT<sup>2</sup> procedure codes 97005 and 97006).
11. CPT<sup>2</sup> procedure code 97532 or 97533 is not a covered benefit when used as a restorative approach. That is, cognitive function improves as a result of neuronal growth, which is enhanced through the repetitive exercise of neuronal circuits and that recovery of functions is determined by biological events.
12. CPT<sup>2</sup> procedure codes 97532 and 97533 for sensory integration training.

NOTE: This policy does not exclude multidisciplinary services, such as physical therapy, occupational therapy, or speech therapy after traumatic brain injury, stroke and children with an autistic disorder.

---

<sup>2</sup> CPT codes, descriptions and other data only are copyright 2002 American Medical Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government use.

**TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002**

CHAPTER 7, SECTION 18.2

PHYSICAL MEDICINE/THERAPY

---

13. Vertebral axial decompression (VAX-D) for relieving low back pain associated with herniated disc or degenerative disc disease of the lumbar vertebrae is unproven

- END -

