	POLICIES AND PROCEDURES
Policy #: 404-1706	Lead Department: Utilization Management
Title: Physical Therapy Guidelines	
Original Date: 02/01/1999	Date Published: 12/13/2024
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To clarify Central California Alliance for Health's (the Alliance) physical therapy coverage and the process to request authorization when continued treatment is necessary.


Policy:

Physical Therapy (PT) authorization requests for members aged 21 and older will be considered according to the criteria and procedures described in this Alliance policy. Initial Evaluation and treatment of each new diagnosis or body part, up to two separate diagnoses per year will be covered without prior authorization. For members under age 21, please see Alliance Policy 404-1710 – Pediatric Therapies for Medi-Cal Recipients and refer to Alliance Policy 404-1709 – Therapies for IHSS Lines of Business for Alliance Care In-Home Support Services (IHSS) members.

Procedures:

1. Initial Evaluation and initial PT treatment – No Prior Authorization is required:

- a. The initial PT evaluation and treatment require a referral from a member's linked Primary Care Physician (PCP), or treating physician, for claims payment. The initial evaluation does not require prior authorization but does require a Provider prescription or referral to out-of-network providers.
- b. The initial evaluation includes treatment of up to 12 PT encounters and is authorized for reimbursement per referral to out-of-network providers.
- c. This referral is assigned a unique number for reimbursement purposes. There may be one PT referral within a 12-month period under this benefit unless the initial PT referral does not result in 12 completed visits.
- d. For those members who are Administrative Members, or non-PCP linked, a prescription is required from the prescribing Provider for an initial evaluation and treatment, but no referral or prescription number is needed with claims submission.
- e. Continued PT treatment will require prior authorization.


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**2. Continuing PT Services after the initial evaluation and treatment –
Authorization Request Submission:**

- a. An authorization request should be submitted prior to the end of the initial treatment series of 12 visits if there is medical need for ongoing therapy.
- b. The authorization request for continued PT services should be submitted with a copy of the initial evaluation and/or treatment plan, reassessment and treatment goals.
- c. The authorization request should contain a diagnosis description with medical justification.
- d. The authorization request should include the requested quantity of units in 15-minute increments of therapy.
- e. Normally, one visit will constitute 60 minutes (four (4) units of service) of therapy.
- f. It is beneficial to both the member and the therapist to submit a subsequent authorization request prior to the end of the previously authorized time period to avoid a delay in treatment.
- g. The Alliance periodically may request that the member return to the PCP or treating physician to assess the medical need for continued physical therapy treatment for this medical condition, review and establish goals of therapy, and re-evaluate the duration of therapy anticipated to accomplish these goals.
- h. Automated processing for PT codes does not preclude the provider requirements for a treatment plan and other provider responsibilities pursuant to CCR, Title 22, Section 51309.

3. The following categories of physical therapy services are covered benefits:

- a. Activities of Daily Living (ADL) Training
- b. Aquatic therapy with therapeutic exercises

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- c. Gait training including stair climbing
- d. Manual therapy techniques (e.g., Mobilization/manipulation, manual lymphatic drainage, manual traction)
- e. Massage including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- f. Mid-Level Consultation – (Once every six (6) months per diagnosis)
- g. Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities
- h. Therapeutic activities, direct (one on one) patient contact by provider, Kinetic/Therapeutic activities including– ultrasound, iontophoresis, etc.
- i. Therapeutic procedures, including therapeutic exercises to develop strength and endurance, range of motion, and flexibility.
- j. Home exercise program instruction
- k. Transcutaneous Electrical Neuro Stimulation (TENs) application

References:

Alliance Policies:

404-1709 – Therapies for IHSS Lines of Business

404-1710 – Pediatric Therapies for Medi-Cal Recipients

Impacted Departments:

Claims

Information Technology Services

Member Services

Provider Services


Regulatory:

CCR, Title 22, Section 51309 - Psychology, Physical Therapy, Occupational Therapy, Speech Pathology and Audiological Services.

Legislative:

Contractual (Previous Contract):

Contractual (2024 Contract):

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DHCS All Plan Letters:

NCQA

Supersedes:

Other References:

MCG care guidelines – ACG Rehabilitation

Local Coverage Determination for Outpatient Physical Therapy:

(<http://www.cms.gov/medicare-coverage-database>)

Medi-Cal Manual Physical therapy

Strategic Plan 2022-2026 – Central California Alliance for Health:

PERSON-CENTERED DELIVERY SYSTEM TRANSFORMATION

Attachments:

Lines of Business This Policy Applies To

- ☐ DSNP
☒ Medi-Cal
☒ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 – present)

(01/01/1996 – present)

(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
05/19/2020	05/19/2020	Lorna Metzger, RN Prior Auth Supervisor	UMWG
06/15/2021	06/15/2021	Tammy Brass, RN UM/CCM Manager	UMWG
07/17/2023	07/17/2023	Carissa Grep, RN UM Manager – Prior Auth	UMWG
09/19/2023	09/19/2023	Danah Hernandez, UM Regulatory Reporting Supervisor	UMWG
12/03/2024	12/03/2024	Carissa Grep, RN UM Manager – Prior Auth	UWMG