*Evolent	
Clinical Guidelines **ACTIVE PROCEDURES IN PHYSICAL MEDICINE**	**Original Date: November 2015**
Physical Medicine – Clinical Decision Making	**Last Revised Date: December 2023**
Guideline Number: Evolent_CG_608	**Implementation Date: July 2024**

Table of Contents

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing

must be provided. If applicable, all prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Statement

Evidence shows active care services support outcomes when used alone or in combination with manual-based treatments, and/or passive care services [1, 2].

Purpose
This guideline will assist the physical medicine provider to accurately choose the appropriate service(s) when indicated for case management.

All recommendations in this guideline reflect practices that are evidence-based and/or supported by broadly accepted clinical specialty standards.

Scope
This guideline applies to all physical medicine participating network practitioners‡ who provide active procedures, data/claims processing, and peer reviews.

Clinical Reasoning
Interventions chosen to treat the patient's symptoms/conditions should be based on the most effective and efficient means of achieving the patient's functional goals [3].

Management of Care

Introduction and management of active care procedures should begin as soon as clinically possible and when the patient exhibits sufficient range of motion/functional ability. Beneficial and effective active care services should generally be provided within the first two weeks of intervention [4].

Documentation Requirements

Medical Necessity
Written documentation should indicate services meet the requirements for medical necessity and should include the following [5]:

- Services are skilled
- Skilled services are required **AND** provided by skilled clinicians‡ (or qualified professionals when appropriate with approval of a physician/NPP)
    - Skilled clinicians must have the expertise, knowledge, clinical judgment, and decision-making abilities that otherwise caretakers and patients do not have independently
    - Skilled clinicians must apply their skills and actively participate in the treatment of the patient during each progress report period and document skilled treatment provided or modification to skilled treatment

- Services are safe and effective

Therapy Services

- Evaluation and Plan of Care (by skilled clinician) must include: [5]
    - Initial and re-evaluations
        - Necessity for course of therapy through objective findings and subjective patient self-reporting
        - Patient-specific need for care and intervention (activities of daily living [ADL], mobility, and safety)
        - Timeline for initiating, progressing, and discharging patient from skilled services
        - Specific treatment parameters to support the intervention (appropriate service type, frequency, intensity, and duration for individual need of the patient)
        - Measurable goals that support the identified intervention with identified precautions
- Progress Reports or daily treatment notes should include [5] :
    - Justification for the medical necessity of treatment or treatment change
    - Functional improvement as a result of improved objective and/or outcome assessment measures
    - Clear evidence of recent and significant progress with treatment which could be indicated by progress towards functional goals
    - Clear evidence to support the continued need of a skilled medical provider
    - If there is a lack of progress, justification for continued treatment
    - Any barriers to establishing an independent home program
- Documentation includes:
    - Specific skilled services that are being provided
    - Medical necessity of the interventions performed
    - Supportive evidence for the number of visits (including excess to the standards for treatment of musculoskeletal conditions)
    - Functional improvement (as a result of skilled interventions)
    - Specify evidence that skilled services of a physical medicine provider/practitioner[‡] are needed (beyond establishment of the program)
    - Specify evidence that interventions are part of a comprehensive rehab program with the goal of improving the functional status
    - Plan of care guided by functional impairments (not the intervention itself)

Billing Units

This organization follows Medicare rules for reporting timed units [6]. Billing units are based on 15 minutes per unit for time-based codes. The units listed below are the Medicare minimum time requirement for a service to be justifiably billed.

- 1 unit ≥ 8 through 22 minutes
- 2 units ≥ 23 through 37 minutes
- 3 units ≥ 38 through 52 minutes
- 4 units ≥ 53 through 67 minutes
- 5 units ≥ 68 thorough 82 minutes
- 6 units ≥ 83 through 97 minutes
- 7 units ≥ 98 through 112 minutes
- 8 units ≥ 113 through 127 minutes

NOTE: States may have varying statutory guidelines for reporting timed units that supersede Medicare rules.

CPT Codes

97110 - Therapeutic Exercise

Defined

- Therapeutic exercise is any exercise planned and performed to attain a specific goal (increase strength, endurance, range of motion, and flexibility)
- Therapeutic procedures/exercise could be applied to one or more areas and billed in units as noted above

Parameters

The following must be documented in the medical record to support/justify the use of all therapeutic procedures and exercises:

- Detailed active care services including:
    - Which exercise(s) were provided
    - What body area (including muscle groups) the exercise(s) target
    - Service/exercise
        - Amount and type of resistance
        - Number of repetitions and sets
        - Time component
- Evidence to support the need for the patient's skilled services completed by a licensed professional[‡]

The initiation of appropriate therapeutic procedures/exercise begins as soon as the patient is reasonably able to engage in the planned activity. The expectation is for the patient to learn and perform therapeutic exercises with a detailed home exercise program within a reasonable timeframe. [7, 8]

The use of high tech fitness equipment (e.g., MedX equipment, cervical/lumbar extension machines, Isostation B-220 Lumbar Dynamometer, Cybex Back System) lacks evidence of improved outcomes compared to the use of standard exercise equipment. [9]

Services Support

The following are indications of the skilled services required to support the use of therapeutic exercise (supportive evidence documented). Without documented evidence the records would suggest the patient is 'working out' in the clinical setting (considered not medically necessary and not eligible for reimbursement).

- Loss or restriction of joint motion, reduced strength, and functional capacity or mobility concerns
    - The clinical records need to objectively validate (quantitative if possible) the loss of ROM, strength, flexibility, or functional mobility
    - The therapeutic exercise code is generally **NOT** reimbursable for
        - Increasing a patient's endurance without deficits
        - Promotion of overall fitness
        - Weight loss
        - Return to work
        - Return to sports (sports/recreation and/or sports/aerobic conditioning)
- Services are required and provided by skilled clinicians[‡] (or qualified professionals when appropriate with approval of a physician/NPP)
- Patient competency and compliance with instructions require
    - One to three billing units at a time
    - > 3 billing units needs supported clinical documentation
- In-office patient exercise
    - 1-3 sessions for the non-surgical patient
        - Ensure competency and compliance with a home exercise program
    - > 3 sessions
        - Document reason(s) the patient is unable to participate in a home exercise program
        - Active care program may include periodic review as part of case management in regard to monitoring continued therapeutic benefit and progression
        - Case management should outline
            - Patient compliance
            - Alterations and progression to active home care program
            - Anticipated termination date for skilled in-office services

Noncompliance

- Patient non-compliance with active home instructions
    - In-office instruction will no longer be medically necessary
    - Patient will be discharged for non-compliance, acting against medical advice

97112 - Neuromuscular re-education [10, 11]

Defined

- Neuromuscular re-education is a series of therapeutic techniques of movement, balance, coordination, kinesthetic sense, posture, and proprioception to restore normal function of nerves and muscles
    - Neuromuscular deficits requiring re-education may be associated with stroke, closed head injury, spinal cord injury, tumor, congenital disorders (cerebral palsy or secondary to degenerative joint disease), musculoskeletal injury (ankle sprain, post orthopedic surgery, or prolonged immobilization) [12]
- Neuromuscular re-education may be considered medically necessary if at least **ONE** of the following conditions is present (documented)
    - The 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 (e.g., peroneal nerve injury causing foot drop)
    - Muscular weakness or flaccidity from
        - Cerebral dysfunction
        - Nerve injury or disease
        - Spinal cord disease
        - Trauma
    - Muscle compensations requiring targeted exercise to produce stable, coordinated movements during functional tasks [13]
    - Peripheral or central vestibular dysfunction causing dizziness, vertigo, imbalance, or disequilibrium that supports the use of Vestibular Balance and Rehabilitation Therapy (VBRT) [14, 15]

Services Support
The following are indications of the skilled services required to support the use of neuromuscular re-education (supportive evidence documented):

- Document the need for individual, in direct contact skilled therapy services by a licensed professional[‡]
- Document the injury to the neuromuscular skeletal system and the therapeutic procedure(s)
- Provide and document home care instructions and education

97113 - Aquatic Therapy [16]

Defined

- Aquatic therapy is the skilled practice by a qualified clinician directed towards an individual and involves the use of therapeutic exercise techniques with the properties of water to improve function
- Treatment to improve circulation, decrease venous pooling, increase endurance with less stress on weight-bearing joints, and enhancement of balance and coordination as a result of the buoyancy obtained from an aquatic environment
- Aquatic therapies include:

- Clinical Ai Chi [17]
- Aquatic PNF [18]
- Bad Ragaz Ring Method (BRRM) [19]
- Halliwick-Therapy [20]
- Task Type Training Approach and Watsu [21]
- Aquatic Cardiovascular Training (ACT) [22]

Services Support
The following are indications of the skilled services required to support the use of aquatic therapy (supportive evidence documented):

- Document the need for individual, direct-contact skilled therapy services by a licensed professional‡
- Provided in a pool of water deemed safe and appropriate for patient therapy
- Provide the patient's medical necessity for aquatic therapy (e.g., buoyancy, hydrostatic pressure, and heat) to transition to standard land-based therapy and the anticipated reasonable timeframe to make that transition

97116 - Gait Training

Defined

- Training the patient to ambulate on varied surfaces and stair climbing with or without an assistive device; this includes training in rhythm, speed, sequencing, and safety

Services Support
The following are indications of the skilled services required to support the use of gait training (supportive evidence documented):

- Consider the contextual factors that affect the patient's ability to participate in meaningful ADLs [23]
- Gait training and ambulation interventions should directly address functional mobility
- Document the need for individual skilled therapy services by a licensed professional
- Document deficits in gait parameters including:
    - Walking speed
    - Cadence
    - Stride length and balance
    - Functional ambulation category scores
- Document if body-weight support (BWS) systems, unweighting devices, or assistive devices are used
- Documentation should include the assessment of the phases of gait to include:
    - Stance phase
    - Stride length
    - Balance issues
    - Ankle, knee, hip, and low back impact during the phases of gait cycle

97760 - Orthotics Management and Training

Defined

- Assessment and fitting when not reported as a separate L HCPCS code (L-code)
- Fitting and training
- Upper or Lower extremity (extremities) and/or trunk, each 15 minutes

Additional Information

- Applies to custom-fabricated or adjustments to over-the-counter orthotics
- Orthotics management refers to time spent assessing the need, type, fitting and fabrication of the orthotic (if fabrication is done in the presence of the patient)
- Code **cannot** be used if the orthotic is fabricated or formed without the patient being present
- Training in the care and use of the orthotic device
- Supplies and time for orthotic fabrication is typically reported under L-codes (If an L-code is **NOT** used to report the orthotic then the time assessing and fitting/fabricating would be reported under code 97760)

Services Support

The following are indications of the skilled services required to support the use of orthotic management and training (supportive evidence documented):

- Document the need for individual skilled therapy services by a licensed professional[‡]
- Orthotics require documented support
    - Proper examination (not vendor specific evaluation)
    - Outline the causal nexus to justify inclusion (all complaints other than foot-based)
        - Foot-based complaints need further notation as to the fault/deficit present requiring custom orthotics versus heel lift or over-the-counter orthotics.
    - Patient should typically not be seen more than once per calendar year for one set of orthotics
    - Orthotic use is based on plan benefit

97761 - Prosthetic Training

Defined

- Assessment of the functional mobility and ADLs (Activities of Daily Living) while training and practicing with the prosthesis
- Training with the prosthesis (upper and/or lower extremity)
    - Instruction and practice in use of prosthesis

Services Support

The following are indications of the skilled services required to support the use of prosthetic training (supportive evidence documented)

- New prosthetic device or adjustments to current prosthetic device to improve function

97763 - Checkout for Orthotic/Prosthetic Use - Established Patient

Defined

- Training and management of subsequent encounters for orthotic(s) or prosthetic(s) for the upper/lower extremity(ies) and/or trunk

Services Support

- Document the need for individual skilled therapy services by a licensed professional[‡]

97530 - Therapeutic Activities

Defined

- Dynamic activities in teaching/training the patient to improve functional performance in a progressive manner

Services Support

The following are indications of the skilled services required to support the use of therapeutic activities (supportive evidence documented):

- Document the need for individual skilled therapy services by a licensed professional[‡]
- Coverage for therapeutic activities, **ALL** of the following requirements must be met:
    - The patient has a condition for which therapeutic activities can reasonably be expected to restore or improve function
    - The patient is unable to perform therapeutic activities (due to condition) except under the direct supervision of a skilled and licensed therapy services professional
    - Correlation between the patient's underlying medical condition and the type of exercise performed for which the therapeutic activities were prescribed
- The therapeutic exercise code is generally **NOT** reimbursable for:
    - Increasing a patient's endurance without deficits
    - Promotion of overall fitness
    - Weight loss
    - Return to work
    - Return to sports (sports/recreation **and/or** sports/aerobic conditioning)

97129 - Cognitive Skills Development

Defined

- Therapeutic interventions focusing on cognitive function for:

    - Attention
    - Memory
    - Reasoning
    - Executive function
    - Problem solving
    - Pragmatic functioning
- Compensatory strategies to manage performance related to functional ADLs
    - Managing time or schedules
    - Initiating, organizing, and sequencing tasks

Services Support
The following are indications of the skilled services required to support the use of cognitive skills development (supportive evidence documented):

- Document the need for individual skilled therapy services by a licensed professional[‡]
- Document cognitive deficits (quantifiable)

97533 - Sensory Integration

Defined

- Treatment techniques to enhance sensory processing and adaptive responses to environmental demands
- Improve how the brain processes sensory information, organizes and responds appropriately for complex learning behavior

Additional Information

- Sensory integration (SI) therapy - treatment of developmental, environmental, or acquired brain disorders in patients with established dysfunction of sensory processing which may be associated with:
    - Neurodevelopmental Disorders such as Autism Spectrum disorder, Attention deficit hyperactivity disorder (ADHD), Intellectual Disability, Conduct Disorders, and Language Communication Disorders that may be causes from:
        - Fetal alcohol syndrome
        - Genetics
        - Neurotransmitter imbalance
        - Illness
        - Brain injury
- Therapy activities may provide one or more of the following stimuli with the intent to help organize the sensory system and promote adaptive responses to environmental demands:
    - Vestibular – which could include the use of
    - Proprioceptive – which could include the use of
    - Tactile – which could include the use of
    - Visual

- Auditory

NOTE: Sensory Integration differs from neuromuscular re-education (97112). Neuromuscular re-education focuses on training to restore the ability to perform particular activities versus training to enhance sensory processing and adaptive responses.

Services Support
The following are indications of the skilled services required to support the use of sensory integration treatment (supportive evidence documented):

- Document the need for individual skilled therapy services by a licensed professional‡
- Document sensory processing deficits impacting functional skills
- Sensory integration therapy provided by occupational and physical therapists

97535 - Self-care/Home Management Training

Defined

- Instructing and training the patient in self-care and home management activities (ADL/IADLs)
  - Compensatory training
  - Safety procedures
  - Instruction in the use of assistive technology devices and adaptive equipment

Services Support
The following are indications of the skilled services required to support the use of self-care/home management training (supportive evidence documented):

- Document the need for individual skilled therapy services by a licensed professional‡
- Document the related ADL instruction to the patient's expected functional goals and indicate it is part of an active treatment plan directed at a specific goal

97542 - Wheelchair Management and Training

Defined

- Assessment, fitting, and adjustment of the wheelchair and seating
- Instructing the patient and/or caregiver on how to propel and safely operate the wheelchair

NOTE: 97001 and 97002 cannot be billed with this code

Services Support
The following are indications of the skilled services required to support the use of wheelchair management and training (supportive evidence documented):

- Document the need for individual skilled therapy services by a licensed professional[‡]
- Document the current event that prompted a skilled wheelchair assessment
- Document results of prior wheelchair assessments
- Document functional level (current and previous)
- Document interventions attempted by nursing staff, caregivers, and/or the patient to address poor seating or positioning
- Documentation correlates the training provided to expected functional goals by the patient and/or caregiver
- Document the response of the patient to the instruction or fitting

97537 - Community Work Reintegration

NOTE: 97537 Community work reintegration is typically not a covered service

Defined

- Instructing and training the patient in community and/or work re-integration activities:
    - Shopping
    - Safely accessing transportation sources
    - Money management
    - Avocational activities or work environment modification analysis [24, 25]
    - Work task analysis
    - Assistive technology devices and/or adaptive equipment use

Additional Information

- Community reintegration is performed in conjunction with other therapeutic procedures such as:
    - Gait training
    - Self-care or home management training
- Billing is often bundled into the payment for other services; other services are not usually reimbursed separately
- The following services on assistive technology devices and/or adaptive equipment provided to the patient by a third-party payer are not covered if the devices/equipment are not covered by the third-party payer:
    - Issue
    - Modify
    - Adjust
    - Educate
- Services related to the listed items are not considered reasonable and necessary for the diagnosis and treatment of an illness or injury and are excluded from coverage according to Section 1862(a)(1)(A) of the Social Security Act [26]:
    - Employment opportunities
    - Work skills

- Work

Services Support
The following are indications of the skilled services required to support the use of community work reintegration (supportive evidence documented):

- Document the need for individual skilled therapy services by a licensed professional[‡]

97545 - Work Hardening/Conditioning

NOTE: 97545 Work hardening/conditioning is **typically not a covered service**

NOTE: 97545 is for initial 2 hours, use 97546 for each additional hour with 97545

Defined

- Job simulation tasks, exercises, and educational activities related to a safe return to work
- Interdisciplinary approach to restore physical, behavioral, and/or vocational functions
- Work conditioning programs are designed to address neuromuscular functions, such as;
  - Flexibility
  - Strength
  - Endurance
  - Range of motion
  - Cardiopulmonary functions

Additional Information

- Work-induced injury and/or impairment that resulted in the need for therapeutic exercises/procedures
- Completed acute medical care (chiropractic or rehabilitation treatment) by the patient may require a comprehensive and individualized program for safely returning to work
- Patient may begin a work hardening and/or work conditioning program
  - Patient will participate in a program for at least two hours a day, three days a week up to eight hours a day, five days a week
  - Activities in the program may include:
    - Exercise regimen
    - Simulation of specific or general work requirements
    - Training and/or modifications of activities of daily living
    - Injury prevention training
    - Cognitive-behavioral pain management
    - Occupational/educational training

Services Support
The following are indications of the skilled services required to support the use of work hardening/conditioning (supportive evidence documented):

- Documentation the patient had an injury and/or impairment within the last 12 months

- Documentation the patient has received acute rehabilitation services and is expected to return to his/her previous employment
- Document the patient's limitations regarding:
    - Returning to work
    - Willingness to participate in the program
- Document plan of care (structured and goal-oriented), including discharge from skilled services and a reference to return to work
- Identify systemic neuromusculoskeletal deficits that interfere with work
- Document care is at the point of resolution for the initial or principal injury so that participation in the conditioning process is not prohibited
- Identify psychosocial and/or vocation problems and evidence of a referral to the appropriate professional

BACKGROUND

Health Care Providers

‡A qualified licensed health care provider (chiropractors, physical therapists, occupational therapists, physician assistants, speech therapists, physical therapist assistants, and occupational therapy assistants) by education, training, and licensure/regulation performs a professional service within his/her scope of practice and reports to health professional boards.

A clinical staff member works under the supervision of a qualified health care provider and is allowed by law or regulation to perform or assist in the performance of a specified professional service (e.g., physical therapy aide or speech language assistant).

A clinician may not merely supervise but must apply the skills of a professional by actively participating in the treatment of the patient. The skills of the clinician should be clearly documented (e.g., the clinician's descriptions of their skilled treatment, changes made to the treatment due to a clinician's assessment of the patient's needs on the treatment day, changes due to progress the clinician judged sufficient to modify the treatment toward the next more complex or difficult task) [5].

Services

Overview

The patient's medical condition is a factor in decisions about health care services, diagnosis or prognosis is not the lone basis in deciding that skilled care services are reasonable and necessary. The key judgment is if the skills of a qualified licensed health care provider are needed to treat the illness or injury or if the services can be carried out by unskilled personnel.

Skilled care services are not required to effect improvement or restoration of function when a patient suffers a transient (reversible loss) or reduction of function which could reasonably be expected to improve naturally as the patient gradually resumes normal activities. Skilled care

services provided in these situations are **NOT** considered reasonable and necessary for the treatment of the individual's illness or injury.

Health care services are considered 'active' when the patient takes part in the completion of the service and 'passive' when the patient receives services without any physical input or effort.

Skilled
The services outlined in this guideline require the provision of skilled therapy services by a qualified licensed health care professional[‡] and direct (one-on-one) provider-patient contact.

Skilled services must be part of a documented treatment plan to improve or restore lost or impaired physical function resulting from illness, injury, neurologic disorder, congenital defect, or surgery. Skilled care services enhance the rehabilitation and recovery by clarifying a patient's impairments, functional limitations and identifying interventions, treatment goals, and precautions.

Unskilled
Services that do not require the performance or supervision of a qualified health care provider are **NOT** skilled and are **NOT** considered reasonable or necessary services; even if they are performed or supervised by a qualified licensed health care professional.

Services (activities) for the general good and welfare of patients (e.g., general exercises to promote overall fitness or flexibility, activities to provide distraction or general motivation) do not constitute skilled services.

Unskilled services include palliative procedures that are repetitive or reinforce previously learned skills or services performed to maintain function.

Reasonable and Necessary
Skilled care services (reasonable and necessary) must be provided by a qualified health care provider, require a high level of complexity, or the services can only be safely and effectively performed by a qualified health care provider due to the condition of the patient.

Rehabilitative therapy services are designed to address recovery or improvement in function or restoration to a previous level of health and well-being. Improvement is evidenced by successive objective measurements resulting in improved functional outcomes (e.g., impairments and pain). If an individual's expected rehabilitation potential is insignificant in relation to the extent and duration of the therapy services required to achieve such potential, then rehabilitative therapy services is **NOT** reasonable and necessary.

Objective Evidence

Consists of serial standardized assessment tools, instruments, outcome measurements, or measurable assessments of functional outcome used to quantify functional progress of the patient and support justification for continued treatment. Examples of objective evidence include:

- Functional assessment from standardized and validated outcomes instruments; **OR**
- Functional assessment scores from tests and measurements that are validated in the professional literature, which are appropriate for the condition/function being measured

In isolation, objective measures (e.g., range of motion or manual muscle strength testing) are generally not considered to be functional assessment measurements of a patient.

POLICY HISTORY

Date	Summary
December 2023	• The following sections had the listed 'examples' removed: ○ 97110 – Therapeutic Exercise: Strengthening of select muscle groups (beginning in gravity-eliminated plane, if needed) progressing to anti-gravity plane utilizing body weight with progressive resistive exercises utilizing thera-tubing, exercise ball, free weights, etc.; closed chain exercises are often preferable to open chain exercises in preventing shearing forces and simulating functional activities); monitored graded exercise following cardiac or pulmonary surgery or heart attack; selective stretching to increase joint range of motion (ROM). ○ 97112 – Neuromuscular re-education: Treatment involves the stimulation of reflexes, sensation, posture, proprioception and motor activity through rocker/BAPS board, mini-trampolines, targeted exercises to spastic or rigid muscles, balance training, proprioceptive neuromuscular facilitation (PNF), Feldenkrais, Bobath, neurodevelopmental treatment (NDT), and desensitization techniques ○ 97116 – Gait training: Gait training can be useful for people with any condition needing to re-learn proper ambulation to allow for functional performance and mobility. Common conditions include amputation, osteoarthritis, muscular dystrophy, cerebral palsy, stroke, Parkinson's disease, multiple sclerosis, brain/spinal cord injuries, post-surgical, sports injury, and low back pain. ○ 97530 – Therapeutic activities: Activities that address quantifiable deficits (e.g., loss of ROM, strength, or functional capacity) resulting in a deficit in functional mobility. Functional mobility may include bending, reaching, lifting, carrying, pushing, pulling, bed mobility and transfers • Editorial changes – sections moved for better reading flow • References updated
September 2022	• References added • Billing Units: Added "≥" to billing unit descriptions • Therapeutic exercise: Changed "therapist" to "physical medicine provider/practitioner" • Revised CPT code for Cognitive Skills Development • Added information to identify difference between sensory integration and neuromuscular re-education • Minor editorial changes

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