| MedPOINT MANAGEMENT | **Clinical Protocol:** Physical Therapy | |
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| | **ORIGINAL EFFECTIVE DATE:**<br>03/28/2011 | **REVIEWED/REVISED DATE(S):**<br>06/18/2019<br>08/13/2021<br>08/15/2022<br>11/15/2023<br>01/26/2026 |
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## PROTOCOL OVERVIEW

This Clinical Protocol advises on guidelines and indications for Physical Therapy.

## INDICATIONS

1) Physical therapy is considered medically necessary when:

   a. Preventing disability or restoring function that has been impaired due to acute illness, injury, surgery, loss of a body part, or congenital abnormalities. These treatments aim to improve mobility, functionality, and overall quality of life by addressing physical limitations and supporting recovery

   b. Treatment is ordered by an examining physician, physician assistant or nurse practitioner, and a formal evaluation is conducted by a licensed/registered speech, occupational, or physical therapist. The evaluation must include the following:

      1. History of illness or disability
      2. Relevant review of systems
      3. Pertinent physical assessment
      4. Current and previous level of functioning
      5. Tests or measurements of physical function
      6. Potential for improvement in the patient's physical function
      7. Recommendations for treatment and patient and/or caregiver education

   c. Unique skills of a therapist are required as part of an active skilled plan of individualized treatment

   d. There is expectation of rapid practical improvement

   e. Function could not reasonably expect to improve as the individual resumes normal activities

   f. Restoration potential is significant in relation to the extent and duration of therapy.

g. Home exercise program considered

h. Rehabilitation needed after lumbar spinal stenosis surgery

2) Physical therapy is considered not medically necessary when:

a. asymptomatic or in patients without an identifiable clinical condition
b. Patient who is showing neither progression nor deterioration.
c. Used to prevent or slow deterioration in function
d. Used to prevent reoccurrences
e. Intended to improve or maintain general condition or enhance athletic performance.

3) Indications for discontinuation of therapy:

a. Achievement of goals

b. Attainment of maximal potential for improvement

c. A medical condition precludes therapy

d. Lack of documented evidence of measurable improvement.

4) Upon approval of initial request, authorization will generally be granted for evaluation along with a series of therapy sessions to teach a home program. If additional professionally supervised therapy is later needed, a provider may document medical necessity and request such therapy.

## CITATIONS


1. Anthem, Clinical UM Guidelines, CG-REHAB-04, “Physical Therapy”, 10/13/2010
2. Cigna, Medical Coverage Policy, policy 0096, “Physical Therapy”, 9/15/2010
3. Health Net National Medical Policy, NMP218, “Physical and Occupational Therapy”, July 2010
4. Aetna, Clinical Policy Bulletin, policy 0250, “Occupational Therapy Services”, 4/28/2009
5. Aetna, Clinical Policy Bulletin Policy Number 0325, Physical therapy, 10/29/2025
6. MCG Care Guidelines 29th edition, 3/4/2025, https://www.mcg.com/news-events/press-releases/29th-edition-mcg-care-guidelines/
7. Healthet Net Clinical Policy: Physical, Occupational, Speech Therapy Srvices Reference number CP.MP.49 , June 2025


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| **Revised By:** | Ashley Gonzalez, Project Coordinator, UM; Diane Reyes, Outpatient UM Clinical Manager | **Date:** 01/26/26 |

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| **Approved By:** | Richard L. Powell, Chief Medical Officer | **Date:** 2/6/2026 | **Signature** DocuSigned by: Richard Powell |
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