

WYOMING WORKERS' COMPENSATION DIVISION REHABILITATION THERAPY GUIDELINES FOR THE CARE AND TREATMENT OF INJURED WORKERS IN CONSULTATION WITH THE REHABILITATION THERAPY PANEL, DEPARTMENT OF WORKFORCE SERVICES

Rehabilitation Therapy Introduction

Mission Statement

Rehabilitation therapy is an integral part of the healing process for a variety of injuries. The goal is to ensure professionally appropriate rehabilitative care within the scope of practice while adhering to the Wyoming Workers' Compensation statutes, rules and regulations, always striving for realistic, individualized and positive outcomes. It is the intent of the Rehabilitative Therapy Advisory Panel to ensure a professional care management process that serves the injured worker, the provider, and employers in the State of Wyoming.

History

- A. The Rehabilitation Therapy Advisory Panel was formed to assist the Workers' Compensation Division in meeting its statutory obligations. The formation of guidelines and protocols is intended to help clarify and govern the review and payment of physical, occupational, and speech therapy claims.
- B. A Rehabilitation Therapy Review panel consisting of three (3) physical therapists, and one (1) each occupational therapist and speech therapist will be appointed by the Administrator after an interview process and recommendation by the Wyoming Physical Therapy Association, Wyoming Speech-Language-Hearing Association, or the Wyoming Occupational Therapy Association (WyOTA). Whenever it may become necessary to appoint a completely new review panel of five (5) members, the terms of those members will be on a staggered basis with one member serving a one (1) year term, one member serving a two (2) year term and one member serving a three (3) year term. After establishment of a new panel, any appointment or re-appointment of a panel member will be for a term of three (3) years. If a panel vacancy arises for an unexpired term, a new member will be re-appointed for the remainder of the unexpired term. No panel member may serve more than two (2) consecutive terms. Panel members must be licensed, reside, and practice fulltime within the state of Wyoming. If applicable, panel members must be in good standing with the Wyoming Unemployment and Workers' Compensation Divisions. The Rehabilitation Therapy Review panel will provide guidance to the Wyoming Workers' Compensation Division on utilization matters and standard of care, and will function as peer review for the Division on rehabilitation therapy matters when requested. Panel members must accept Wyoming Workers' Compensation patients for treatment and Division fee schedules for payment of such treatment. Panel members must be cognizant of potential conflict of interest issues and recuse themselves from acting in any matter in which a conflict exists. Panel members will be reimbursed for mileage and per diem according to the State of Wyoming established rates, for service performed on behalf of the Workers' Compensation Division. Panel members will be paid an hourly fee for their service on behalf of the Division as established by the Administrator. The Panel will meet when requested by the Division.

Authority

Providers of rehabilitation therapy may elect to provide care for injured Wyoming workers. Those providers who elect to serve patients within the Wyoming Workers' Compensation system must practice in a manner consistent with these guidelines. The authority for these guidelines is derived from the Wyoming Workers'

Compensation Rules, Regulations and Fee Schedules, Chapter 10, Section 21. Physical Medicine and Restorative Services.

Rehabilitation therapy treatment given to injured workers must meet the criteria established by the American Physical Therapy Association Guidelines and the Physical, Occupational & Speech Therapy Practice Act.

Ethical Guidelines

Once it has been determined that the injured worker will benefit from treatment provided by a physical, occupational, or speech therapist, certain ethical guidelines should be followed. The Division should only be billed for procedures which were provided and medically necessary to treat the injured worker's compensable injury. Appropriate documentation shall always be provided. Once the injured worker has recovered from the injury or reached a level of ascertainable loss, he is to be released from care and a final bill should be sent to the Division. Any expenses/bills for further treatment may be the injured worker's responsibility.

Fee Schedule

All bills and fees submitted for payment will be reviewed and audited for relatedness, appropriateness, and reasonableness in accordance with the adopted **Wyoming Workers' Compensation Rules and Regulations and Fee Schedules in effect at the time of service.** (Wyoming Statute 27-14-401(b) and Wyoming Statute 27-14-802(a).)

Billing Guidelines

Rehabilitation therapy billing guidelines and fee schedule can be found at:

<http://www.wyomingworkforce.org/service-providers/Pages/default.aspx>

All codes and unit values will be reimbursed according to the Fee Schedule unless otherwise established by the Rehabilitation Therapy Advisory Panel. Interim values are assigned to codes with a Relativity Not Established (RNE) status. Values assigned to such codes in new editions of the Relative Values for Physicians (RVP) will be implemented upon adoption of the new RVP. Interim values become void at this time.

For assistance with coding or billing issues you may also call 307-777-7005.

Section 1

Medical Records

Health care is dependent on quality data. Good decisions are the result of accurate and complete facts being retrievable from a patient's record. **Incomplete, illegible, or ill prepared records will not be accepted.** Notes lacking patient specific information will not be accepted. Records must accurately reflect the current status of each patient, treatment goals, and future treatment recommendations.

Written Reports

To receive payment for physical or occupational therapy treatment of injured workers, Chapter 10, Section 20 of the Workers' Compensation Rules and Regulations must be complied with and shall include:

- A) **A referral/consultation prescription by a primary healthcare provider is required to initiate treatment. The prescription must:**

- Be sent to the Division with the initial evaluation.
- Be signed and dated by the healthcare provider.
- Updated every thirty (30) days and sent to the Division with the thirty day plan of care.
- A new signed prescription is required after any significant change in condition, treatment regime or major procedure/intervention.

B) The initial evaluation is a dynamic process in which the therapist makes clinical judgments based on data gathered during the examination. The following information is required for the initial evaluation:

- Treating diagnosis
- History which includes a detailed description of the mechanism of injury and job duties
- Specific body part treated
- Specific modality and exercise format with documented time spent on each
- Objective, functional, and measurable goals
- Short and long term goals, to include return to work goals with validated outcome measures
- Current measurable function level in relation to the defined goals
- Frequency and duration of treatment
- Total length of evaluation/treatment time
- Fear-Avoidance Questionnaire recommended.

C) Daily Progress Notes: Soap Note Format (must be legible to anyone)

- Subjective complaints: The injured workers comments must be recorded at each visit (in the patient's own words when possible), including improvement, worsening or no change as it relates to the area being treated. Functional changes in ADLs or work should be noted, including a numerical pain scale 0-10 as appropriate or as part of the evaluation / re-evaluation process.
- Objective Findings: The therapist's observations of clinical condition(s) should be noted at each visit. Daily recording of treatment should include description of all modalities used, procedures done, specific body part(s) treated, and time spent on each. All data must be valid, measurable, and indicative of function at the time of treatment.
- Assessment or diagnosis: The therapist's conclusions should be based on on-going objective findings as they relate to goals or progression toward work related goals.
- Plan/Procedure: A plan of management must be made and maintained with the goal of returning the patient to work. Reassessment of the care should be made on a regular basis, and changes made as necessary to progress the injured worker toward goal completion. Reassessments, including outcome measures, should be completed following each MD visit or at a minimum every 30 days.
- A weekly summary note is acceptable if in addition to the above, the summary includes each specific date the injured worker was treated and the specific treatment provided on each date.
- Computerized office notes may be substituted if ALL the required information is included. Notes must be titled "Initial Evaluation" or "Daily Notes."

D) Discharge

- Injured workers who have undergone a course of care and are considered to be at either pre-injury status or MMI should be discharged from active care. An independent home program shall be completed, if needed, prior to discharge. Maintenance care is not eligible for compensation.
- A re-injury or a new injury will require documentation to validate relatedness.

- Injured workers who have responded to care and have reached an ascertainable loss, but have a permanent impairment rating and ongoing residuals may be eligible for “as needed” care following the Ethical Guidelines on a case by case basis.

Section 2

Treatment Parameters

- A) The therapist shall submit a diagnosis based treatment plan to the Division, which includes specific treatment goals every 30 days. In order to assure proper utilization of therapy services, claims exceeding the general therapy parameters of 90 - 120 days may be referred to a member of the Rehabilitative Panel for review. The review process may include written, telephonic, electronic, and/or personal communications.
- B) Supplemental information may be requested by the panel as part of the review process. The supplemental information is intended to provide **current, measurable, and objective information** regarding the clinical progress of the injured worker. The supplemental information request will include a return due date. **CURRENT CLAIMS WILL NOT BE CONSIDERED FOR PAYMENT UNTIL THE REQUESTED INFORMATION IS RECEIVED.** A copy of the Panel recommendation will be sent to the injured worker, the vendor, the physician provider, and the employer.
- C) A Functional Capacity Evaluation (FCE) can be requested by the Division, the health care provider, or the employer to measure general residual functional capacity to perform work or provide other general evaluation information, including a musculoskeletal evaluation. A FCE can also provide objective information to help with case resolution, assist in defining proper protocols for future rehabilitation needs, return to work goals, and to clarify the need for work conditioning or work hardening, as well as alternative employment options. A FCE should not be done during pregnancy.
- The FCE must be performed by a licensed physical or occupational therapist credentialed or experienced in performing functional capacity evaluations or a licensed medical doctor who practices rehabilitative medicine or physiatry and is credentialed or experienced in performing the evaluation.
 - According to Wyoming Workers’ Compensation Rules & Regulations and Fee Schedules. Chapter 10. Section 11, the evaluation must have objective components which measure the validity of the test results.
 - At a minimum, the FCE must contain the following information:
 - Level of physical effort and consistency of client reports
 - Validity
 - Reliability
 - Defined meaning of outcomes and applicability to a return to work status
 - A summary statement defining the safe return to work level determined by the assessment, using the Dictionary of Occupational Titles physical demand levels
 - Any subjective conclusions should be supported by objective data
 - The design/method of testing should be clearly indicated on each part of the report
 - Times required to perform and document the testing
 - Signature and date of performing evaluator
- D) Home services may be provided to the injured worker in their residence. To qualify for home services, all of the following conditions must be met:

- The services must be ordered by the healthcare provider
 - The services must be reasonable and medically necessary to the treatment of the injured worker
 - The injured worker must be homebound. An injured worker is considered homebound if one or more of the following is present: the worker is unable to leave the home unassisted; leaving home takes considerable and taxing effort, and leaving home is medically contraindicated. Examples of **NOT** homebound include leaves the home more than once a week for social activities, drives a car, does personal shopping and/or business out of the home on a regular basis.
 - Home services must be approved by the Division prior to the first visit. Cases will be reviewed on a case by case basis. The treatment plan must include the reason(s) as to why the worker is homebound.
 - All documentation must meet the same standards.
 - Home care is coded as 97799 which is inclusive of the modalities, treatments, and travel time.
- E) In order for massage therapy to be reimbursed, the treatment must be done under the direct supervision of a physical therapist; all documentation must be co-signed by the supervising therapist; meets all other requirements, including valid prescription, applied to the area of injury, included in the plan of care. Massage therapy must be used to enhance tissue healing/flexibility as part of a treatment protocol and progressive exercise program. Massage therapy is not compensable for palliative care.
- F) Work Conditioning and Work Hardening guidelines were established by the Industrial Rehabilitation Advisory Committee (RAC) and adopted by the American Physical Therapy Association. Work conditioning generally follows acute medical care or may begin when the injured worker meets the eligibility criteria.
- To be eligible for work conditioning, the injured worker must have a job goal; stated or demonstrated a willingness to participate; have identified specific physical or neuro-musculo-skeletal and functional deficits of the whole body that interfere with work; and be at the point of resolution of the initial or principal injury at which participation in the Work Conditioning program would not be prohibited.
 - Work Conditioning should not begin after 365 days have elapsed following the injury without a comprehensive interdisciplinary assessment.
 - The need for Work Conditioning shall be established by a Work Conditioning provider based on the results of a Work Conditioning assessment, including DOT and PDL categories. The program shall be provided by or under the direct supervision of a Work Conditioning provider.
 - The employer and the Division should be notified prior to the initiation of the program.
 - The Work Conditioning provider shall document all evaluations, services provided, injured worker's progress, and discharge plans. Information shall be available with appropriate authorization to the injured worker, employer, other healthcare providers, the Division, and any referral source.
 - The Work Conditioning provider shall develop and utilize an outcome assessment system designed to evaluate, at a minimum, patient care results, program effectiveness, and efficiency.
 - The Work Conditioning provider should be appropriately familiar with the injured worker's job expectations, work environments, and skills required through means such as site visits, videotapes, and functional job descriptions. Each individualized program shall include:
 - Program goals in relation to the job skill and requirements
 - Techniques to improve strength, endurance, movement, flexibility, motor control, and cardiopulmonary capacity related to the performance of work tasks.
 - Practice, modifications, and instruction in work related activities.
 - Education related to safe job performance and injury prevention.
 - Promotion of the injured worker's responsibility and self-management.
 - Work Conditioning programs are provided in multi-hour sessions, available 3-5 days per week, for a duration of up to 8 weeks.

- The injured worker shall be discharged from the Conditioning Program when the goals for the client have been met or discontinued when any of the following occur:
 - The injured worker has or develops behavioral or vocational problems that are not being addressed and that interfere with their return to work.
 - There are documented medical contraindications.
 - The injured worker fails to comply with the requirements of participation.
 - The injured worker's progress has reached a plateau prior to meeting goals.
 - Services are discontinued by the referral source.
- When the injured worker is discharged or discontinued from the Work Conditioning program, the Work Conditioning provider shall notify the employer, the Division, and any referral source. The following information shall be included in the notification:
 - Reason(s) for program termination
 - Clinical and functional status.
 - Recommendations regarding return to work
 - Recommendations for follow up services.

G) Work Hardening may begin only after completion of the Work Hardening assessment.

- To be eligible for work hardening, the injured worker must have a job goal; stated or demonstrated a willingness to participate; have identified specific physical or neuro-musculo-skeletal and functional deficits of the whole body that interfere with work; and be at the point of resolution of the initial or principal injury at which participation in the Work Hardening program would not be prohibited.
- The employer and the Division should be notified prior to the initiation of the program.
- The need for Work Hardening shall be established by a Work Hardening provider based on the results of a Work Hardening assessment, including DOT and PDL categories. The program shall be provided by or under the direct supervision of a Work Hardening provider.
- The Work Hardening provider shall document all evaluations, services provided, injured worker's progress, and discharge plans. Information shall be available with appropriate authorization to the injured worker, employer, other healthcare providers, the Division, and any referral source.
- The Work Hardening provider shall develop and utilize an outcome assessment system designed to evaluate, at a minimum, patient care results, program effectiveness, and efficiency.
- The Work Hardening provider should be appropriately familiar with the injured worker's job expectations, work environments, and skills required through means such as site visits, videotapes, and functional job descriptions. Each individualized program shall include:
 - Program goals in relation to the job skill and requirements
 - Techniques to improve strength, endurance, movement, flexibility, motor control, and cardiopulmonary capacity related to the performance of work tasks.
 - Practice, modifications, and instruction in work related activities.
 - Education related to safe job performance and injury prevention.
 - Promotion of the injured worker's responsibility and self-management.
- Work Hardening programs are provided in multi-hour sessions of a minimum of 4 hours and a maximum of 8 hours, 5 days per week, for a duration of 8 to 12 weeks.
- The injured worker shall be discharged from the Hardening Program when the goals for the client have been met or discontinued when any of the following occur:
 - The injured worker has or develops behavioral or vocational problems that are not being addressed and that interfere with their return to work.
 - There are documented medical contraindications.
 - The injured worker fails to comply with the requirements of participation.
 - The injured worker's progress has reached a plateau prior to meeting goals.
 - Services are discontinued by the referral source.

- When the injured worker is discharged or discontinued from the Work Hardening program, the Work Hardening provider shall notify the employer, the Division, and any referral source. The following information shall be included in the notification:
 - Reason(s) for program termination
 - Clinical and functional status.
 - Recommendations regarding return to work
 - Recommendations for follow up services.

- **Section 3**

General Guidelines

- A) A Certified Occupational Assistant (COTA) or a Physical Therapy Assistant (PTA) shall practice under the supervision of a licensed physical/occupational therapist. The supervising physical/occupational therapist shall be accessible by telecommunications to the COTA/PTA at all times while treating an injured worker. Services rendered by the COTA/PTA shall be reimbursed according to the Fee Schedule.
- Initial evaluations and discharge summaries must be done by a licensed physical/occupational therapist. This and all other requirements shall be enforced under the Wyoming Physical Therapy Practice Act, WyOTA, and the Wyoming Workers' Compensation Rules and Regulations.
 - The COTA/PTA may sign the progress notes without a co-signature from the licensed physical/occupational therapist. A COTA/PTA shall not co-sign for any other discipline on the rehabilitative team. Any co-signatures required must be done by a licensed physical/occupational therapy or a physician.
- B) The Division places great emphasis and importance on compliance with attendance of prescribed medical and therapeutic treatments as established by the physicians and therapists according to The Wyoming Worker's Compensation Act. Wyoming Statute 27-14-404(h):
- Payment under subsection (a) of this section shall be suspended if the injured employee fails to appear at an appointment with his health care provider. Payment shall be suspended under this subsection until such time as the employee appears at a subsequent rescheduled appointment. Payment shall not be suspended for failing to appear at an appointment if the employee notifies the case manager or the Division prior to the appointment or within twenty-four (24) hours after missing the appointment and the division determines, after recommendation by the case manager, that the employee made all reasonable efforts to appear at the appointment. At the time of the first benefit payment under this section, the division shall notify the employee of the requirements and other provisions of this subsection, including the procedures to be followed in notifying the case manager or the Division. For purposes of this subsection, health care provider includes physical and occupational therapists.**
- Indications of non-compliance include, but are not limited to, unexcused absences and/or canceled appointments, a pattern of absences corresponding to hunting trips, long vacations, or consistent 3 or 4 day weekends.
 - Any disruption in treatment that impacts the rate of recovery must be reported by the therapist to the physician and the analyst either by mail, e-mail, FAX, or telephone.

Section 4

Billing and Coding

The Division reimburses for all modalities and treatments using the Fee Schedule. Routine office visits or evaluations are considered to be included in these treatment modality charges. Initial evaluations and the 30 day re-evaluation will be reimbursed under the Fee Schedule's Physical Medicine Evaluation and Re-Evaluation Codes. Evaluations prior to the 30 day re-evaluation will be reimbursed if documentation supports significant changes in the injured worker's condition requiring modification of the current treatment program.

Bills for services to Workers Compensation claimants must be submitted using the following codes:

Section 5

Therapy Treatment Parameters

The following information provides general treatment parameters in evaluation of therapy. Any time treatment goes beyond these treatment parameters, written justification must be provided documenting the necessity.

Code 97010

Hot Packs: conductive form of heat application.

Cold Packs: thermal agent applied in various manners which lowers the body tissue temperature.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an adjunct to other therapeutic procedures for up to 3 months.

Code 97012

Traction, mechanical: traction performed by use of mechanical means to effect elongation of soft tissue to increase joint mobility.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 4 weeks.

Code 97014

Electrical Stimulation (unattended): use of electrical current for peripheral nerve injuries or pain reduction which does not require constant attendance. Once applied this modality requires on-site supervision.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an

adjunct to other therapeutic procedures up to 3 months.

Code 97016

Vasopneumatic devices: compressive device used to reduce edema.

- Time to produce effect: 1 – 3 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 1 month. If expected use is greater than 1 month, purchase should be considered.

Code 97018

Paraffin Bath: immersion or painting of specific body parts with molten paraffin.

- Time to produce effect: 1 – 4 treatments.
- Frequency of treatment: 1 – 3 times per week.
- Optimum duration: 4 weeks.

Code 97020

Microwave: involves use of equipment which exposes soft tissue to electric magnetic field.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 2 – 3 times per week.
- Optimum duration: 4 weeks.

Code 97022

Fluidotherapy: application of heat and massage by a dry medium circulated by warm air in a closed environment.

Whirlpool: conductive exposure to water at temperatures which best elicits the desired effect (cold vs. heat). Generally includes massage by water propelled by a turbine or Jacuzzi jet system.

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an adjunct to other therapeutic procedures up to 3 months.

Code 97024

Diathermy: involves use of equipment which exposes soft tissue to magnetic or electrical field.

- Time to produce effect: 2 – 4 treatments.

- Frequency of treatment: 2 – 3 times per week.
- Optimum duration: 4 weeks.

Code 97026

Infrared Radiation: radiant form of heat

- Time to produce effect: 2 – 4 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 3 weeks as primary or intermittently as an adjunct to other therapeutic procedures up to 3 months.

Code 97032

Attended Electrical Stimulation: use of electrical current for peripheral nerve injuries or pain reduction which requires continuous manual application and supervision or extensive teaching. Documentation must clearly state attendance at bedside for adjustments and safety.

- Time to produce effect: 12 – 15 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 2 months.

Code 97033

Iontophoresis: transfer of medication through skin through the use of galvanic stimulation.

- Time to produce effect: 4 treatments.
- Frequency of treatment: 3 times per week (at least 48 hours between treatments.)
- Optimum duration: 2 weeks.

Code 97034

Contrast baths: alternating immersion of extremities in hot and cold water.

- Time to produce effect: 3 treatments.
- Frequency of treatment: 3 times per week.
- Optimum duration: 4 weeks.

Code 97035

Phonophoresis: transfer of medication through skin through the use of acoustic energy.

- Time to produce effect: 4 treatments.

- Frequency of treatment: 3 times per week (at least 48 hours between treatments)

Ultrasound with or without Electrical Stimulation: using sonic generators to deliver acoustic energy for therapeutic thermal and/or non-thermal soft tissue treatment.

- Time to produce effect: 6 – 9 treatments.
- Frequency of treatment: 3 – 5 times per week.
- Optimum duration: 4 weeks.

Code 97036

Hubbard tank: whirlpool used for full-body immersion.

- Time to produce effect: 6 treatments.
- Frequency of treatment: 3 – 7 times per week.
- Optimum duration: 4 weeks.

Code 97110

Therapeutic Exercise: the instruction of a patient in a supervised exercise program which may include: strengthening, stability, flexibility, ROM, and/or cardiovascular conditioning. The intent of the program should be to improve the level of function progressing to an independent exercise program. The progress toward goals can be objectively measured.

- Time to produce effect: 9 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 8 – 12 weeks.

Code 97112

Neuromuscular Re-education: movement, balance, coordination, kinesthetic sense, posture and proprioception techniques to normalize muscle tone, patterns of specific movement, automatic neuromuscular response and motor control. These techniques require constant assessment and reassessment during treatment period.

- Time to produce effect: 9 treatments.
- Frequency of treatment: 2 – 5 times per week.
- Optimum duration: 8 – 12 weeks.

Code 97113

Aquatic Therapy: therapist working one to one with patient in a pool of water for the facilitation of kinetic activity. The intent of the program should be to improve the level of function; progressing to a land based exercise program. The progress toward goals can be objectively measured. Note: for class situation, use group code (97150).

- Time to produce effect: 2 – 4 weeks.
- Frequency of treatment: 2 – 4 times per week.
- Optimum duration: 6 – 12 weeks.

Code 97530

Functional Activities: instructing, monitoring, and progressing a patient in adaptations of functional activities that result in the patient's ability to perform the activity independently and safely with or without adaptive devices. Functional activities could range from getting out of bed and self-care to positioning themselves at a machine and driving heavy equipment.

- Time to produce effect: 2-4 treatments
- Frequency of treatment: 2-3 times per week
- Optimum duration: 2-4 weeks

Code 97116

Gait training: skilled training of a patient with significant gait abnormalities and/or complex adaptation of equipment to normalize weight-bearing and movement patterns.

- Time to produce effect: 2-4 treatments
- Frequency of treatment: 2-3 times per week
- Optimum duration: 4 weeks

Code 97124

Massage: (stroking, compression, percussion) manipulation of soft tissue with broad ranging relaxation and circulatory benefits.

- Time to produce effect: immediate
- Frequency of treatment: 3-5 times per week
- Optimum duration: 4 weeks as primary or intermittently as an adjunct to other therapeutic procedures
up to 2 months

Code 97140

Myofascial release / soft tissue mobilization: skilled manual application of techniques designed to normalize movement patterns through the reduction of soft tissue pain and restrictions.

Joint mobilization: skilled passive movements to a joint, including selected arthrokinetic movements performed at a joint.

Manual traction: traction performed manually by therapist to effect elongation of soft tissue to increase joint mobility.

- Time to produce effect: 9 treatments
- Frequency of treatment: 3-5 times per week
- Optimum duration: 8 weeks

Code 97535

Activities of daily living: performance of physical and psychological self-care skills and/or daily life management skills to a level of independence.

- Time to produce effect: 2-4 treatments
- Frequency of treatment: 2-3 times per week
- Optimum duration: 2-4 weeks

Patient Education: imparting information and developing skills to promote independence after discharge. Teaching patient and/or their caregivers in the programs to meet long term goals.

- Time to produce effect: 1-3 sessions
- Frequency of treatment: total of 1-3 sessions
- Optimum duration: total of 1-3 sessions

