

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 30.1  
**TITLE:** PHYSICAL MEDICINE/THERAPY

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)(14)(32)(33)(34)(37)(38)

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

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### I. EFFECTIVE DATE

April 19, 1983

### II. PROCEDURE CODE(S)

93668, 96000-96004, 97001-97002, and 97010-97530, 97542-97750, and 97799

### III. 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. Physical therapy services must be prescribed by a physician (or other authorized individual professional provider acting within the scope of his/her license) and professionally administered to aid in the recovery from disease or injury, and 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. If 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.

### IV. POLICY

A. CHAMPVA 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) must refer the patient for treatment and supervise the physical therapy.

D. Reimbursement for covered physical therapy services will be based on the appropriate CPT codes for the services billed on the claim.

E. Physical therapists are not authorized to bill using evaluation and management (E/M) codes listed in the Physicians' Current Procedural Terminology.

## **V. POLICY CONSIDERATIONS**

A. The following specific physical therapy services are covered:

1. Evaluation procedures, including testing of joint range of motion and mobility, skeletal muscle strength, posture and gait, limb length and circumference, activities of daily living, pulmonary function, sensation and sensory perception, reflexes and muscle tone, sensorimotor and other skilled performance.

2. Massage, cold packs, ice, ice massage, hydrotherapy, hot pack, hydro collar, infra-red treatments, paraffin and fluidotherapy, when the condition of the patient is such that the skills of a qualified provider are required or when provided as a prerequisite to skilled physical therapy. Hot and cold packs are included across all other professional services. Hence, procedure code 97010 is not to be paid separately for dates of services on or after March 1, 1997.

3. Therapeutic massage to include "Spray and Stretch," when included as part of an overall physical therapy treatment plan. (No separate payment is allowed for the application of methane spray.)

4. Ultrasound, short-wave, microwave diathermy, ultraviolet, traction, transcutaneous nerve stimulation, iontophoresis and alternate vascular compressor.

5. Mobility evaluation and training, when included as part of an overall physical therapy treatment plan and when there is a reasonable expectation that the patient's ability to ambulate will improve.

6. Therapeutic exercises which require the skills of a qualified provider.

7. Range of motion tests are covered if related to restoration of specific loss of function. Range of motion exercises require the skills of a qualified provider only when they are a part of the active treatment of a specific condition which has resulted in loss or restriction of mobility.

8. Postural drainage, vibration and cupping, breathing exercises, intermittent positive pressure breathing treatments and chest wall mobilization, when provided in the treatment of chronic respiratory diseases.

9. Charges for electrical stimulation (to control pain or to prevent disuse atrophy following prolonged immobilization, injury, or surgery) when rendered by a certified physical therapist practicing within the scope of state licensure where the services are rendered when determined to be medically necessary and appropriate.

10. Charges for debridement when rendered by a certified physical therapist practicing with the scope of state licensure where the services are rendered when determined to be medically necessary and appropriate.

11. Charges for a functional electrical stimulation (in spinal cord injury and other motor neuron conditions) when rendered by a certified physical therapist practicing within the scope of state licensure where the services are rendered when determined to be medically necessary and appropriate.

12. Diapulse for treatment of soft tissue injuries and wounds or lesions that is slow to heal when conventional treatment has failed.

B. Claims submission.

1. Providers are to be encouraged to submit claims monthly for ongoing physical therapy services.

2. At a minimum, all claims must indicate the diagnosis and related functional impairment for which therapy is prescribed, the specific modalities or procedures performed and must identify the specific number of sessions per week, the length of each session, the dates of service, the provider name, and the provider address.

C. Claims adjudication.

1. Physical therapy is covered if medically necessary and appropriate.

2. The following documentation should be included for claims for physical therapy.

a. Diagnosis and brief description of the related functional impairment(s) for which physical therapy is prescribed, including date of onset of the impairment.

- b. A treatment plan which includes:
- (1) identification of the treatment plans for short-term and long-term objectives,
  - (2) the duration and frequency of the treatment, and
  - (3) documentation of continued progress.

Note: CHAMPVA benefits cannot be extended beyond the point where the patient can reasonably be expected to benefit significantly from continued physical therapy.

D. Duration of physical therapy. Most physical therapy treatments should be completed within 60 days.

E. Physical therapy for the following conditions are covered, this list is not all-inclusive.

1. DYSFUNCTION: SPINAL COLUMN

- a. Conditions:
- (1) Compression fracture;
  - (2) Degenerative osteoarthritis;
  - (3) Flexion-extension injury;
  - (4) Fusion;
  - (5) Herniated nucleus pulposus;
  - (6) Kyphosis;
  - (7) Lordosis;
  - (8) Nerve root compression;
  - (9) Nerve root irritation;
  - (10) Osteoporosis;
  - (11) Paraplegia;
  - (12) Post laminectomy;
  - (13) Quadriplegia;

- (14) Radiculitis;
- (15) Radiculopathy;
- (16) Ruptured or prolapsed disc;
- (17) Sciatica;
- (18) Spina bifida;
- (19) Spondylolisthesis;
- (20) Spondylosis;
- (21) Strain or sprain;
- (22) Subluxation; and
- (23) Torticollis.

b. Associated Problems:

- (1) Abnormal gait pattern;
- (2) Degenerative disc disease;
- (3) Guarding;
- (4) Headaches;
- (5) Hypermobility or hypomobility of joints;
- (6) Improper posture and/or body mechanics;
- (7) Inadequate chest excursion;
- (8) Lack of functional range of motion, strength and/or motor control;
- (9) Lack of mobility skills for activities of daily living (ADL), transfers and gait;
- (10) Lack or, decreased, or changes in sensation;
- (11) Muscle spasm;
- (12) Muscular imbalance;
- (13) Need of equipment and/or adaptive devices;

- (14) Pain;
- (15) Paralysis;
- (16) Presence of trigger points; and
- (17) Weakness.

2. DYSFUNCTION: MUSCULOSKELETAL

a. Conditions:

- (1) Acromioclavicular separation;
- (2) Adhesive capsulitis;
- (3) Arthrogryposis multiplex congenital;
- (4) Bone graft;
- (5) Bursitis;
- (6) Chondromalacia;
- (7) Crush injuries;
- (8) Dupuytren's contracture;
- (9) Fractures;
- (10) Frozen shoulder;
- (11) Hemarthrosis;
- (12) Internal derangement;
- (13) Mechanical low back pain including that associated with pregnancy;
- (14) Post-dislocation;
- (15) Post-fractures;
- (16) Rotator cuff tear;
- (17) Ruptured ligaments, tendons, muscles;
- (18) Shoulder-hand syndrome;

- (19) Slipped epiphysis;
- (20) Strain or sprain;
- (21) Synovitis; and
- (22) Tendonitis.

b. Associated Problems:

- (1) Abnormal gait pattern;
- (2) Contractures;
- (3) Disuse atrophy – deconditioning;
- (4) Joint instability;
- (5) Lack of functional range of motion (ROM) and/or strength;
- (6) Lack of joint play;
- (7) Muscle guarding/spasm;
- (8) Muscular wasting;
- (9) Need for muscle re-education; and
- (10) Pain.

3. DYSFUNCTION: POST-SURGICAL

a. Conditions:

- (1) Amputation;
- (2) Arthrodesis;
- (3) Arthrotomy;
- (4) Bunionectomy;
- (5) Cardiac surgery;
- (6) Disarticulation;
- (7) Hip and other joint prosthesis;
- (8) Joint fusion;

- (9) Joint manipulation;
- (10) Ligament and tendon repairs;
- (11) Mastectomy;
- (12) Open reduction--internal fixation;
- (13) Patellectomy;
- (14) Tendon transfer;
- (15) Thoracotomy;
- (16) Total ankle arthroplasty;
- (17) Total hip arthroplasty;
- (18) Total knee arthroplasty;
- (19) Total shoulder arthroplasty; and
- (20) First rib resection.

b. Associated Problems:

- (1) Abnormal gait pattern;
- (2) Contractures;
- (3) Decreased endurance;
- (4) General deconditioned state;
- (5) Improper posture and or body mechanics;
- (6) Inability or incapability of preserving functional ROM and/or
- (7) Lack of mobility skills for ADL, transfers, gait;
- (8) Muscle guarding/spasm;
- (9) Need for equipment and/or adaptive devices;
- (10) Need for muscle re-education;
- (11) Need for pre/post prosthetic training;

strength;

- (12) Pain; and
- (13) Stump and skin care.

4. DYSFUNCTION: RESPIRATORY DISTURBANCES

a. Conditions:

- (1) Asthma;
- (2) Bronchiectasis;
- (3) Bronchitis;
- (4) Chronic obstructive pulmonary disease;
- (5) Cor pulmonale;
- (6) Cystic fibrosis;
- (7) Emphysema;
- (8) Emphysema;
- (9) Lung infection;
- (10) Middle lobe syndrome;
- (11) Plural effusion;
- (12) Pneumonia;
- (13) Respiratory failure; and
- (14) Tuberculosis.

b. Associated Problems:

- (1) Decreased endurance;
- (2) Establish and review home program;
- (3) General deconditioned state;
- (4) Inability to mobilize secretions;
- (5) Inadequate breathing pattern;
- (6) Inadequate chest excursion;

- (7) Lack of skill to cope with shortness of breath;
- (8) Poor cough; and
- (9) Shortness of breath with ADL.

5. DYSFUNCTION: DECONDITIONED-DETERIORATED STATES

a. Conditions:

- (1) Alcoholism;
- (2) Cancer;
- (3) Neurological and cutaneous complication of diabetes mellitus;
- (4) Organ transplant; and
- (5) Renal failure.

b. Associated Problems:

- (1) Decreased endurance;
- (2) General deconditioned state;
- (3) Lack of functional ROM, strength and/or motor control;
- (4) Lack of mobility skills for ADL, transfer gait;
- (5) Muscle alienation; and
- (6) Pain.

6. DYSFUNCTION: ARTHRITIS AND RHEUMATISM

a. Conditions:

- (1) Acute arthritis or polyarthritis due infection;
- (2) Ankylosing spondylitis;
- (3) Degenerative arthritis;
- (4) Degenerative joint disease;
- (5) Dermatomyositis;
- (6) Juvenile rheumatoid arthritis;

- (7) Osteoarthritis;
- (8) Polymyositis;
- (9) Rheumatoid arthritis;
- (10) Scleroderma;
- (11) Synovitis;
- (12) Systemic lupus erythematosus; and
- (13) Traumatic arthritis.

b. Associated Problems:

- (1) Abnormal gait pattern;
- (2) Breathing difficulties secondary to deformities;
- (3) Contractures;
- (4) Decreased endurance;
- (5) General deconditioned state;
- (6) Improper posture and/or body mechanics;
- (7) Incapability of preserving ROM and/or strength;
- (8) Lack of functional ROM strength and/or motor control;
- (9) Lack of knowledge of joint preservation;
- (10) Lack of mobility skills for ADL, transfers, or gait;
- (11) Muscle guarding/spasm;
- (12) Need for equipment and/or adaptive devices;
- (13) Pain;
- (14) Presence of inflammatory process; and
- (15) Stress control - joint protection.

7. DYSFUNCTION: VASCULAR DISEASE

a. Conditions:

- (1) Buerger's disease;
- (2) Cellulitis;
- (3) Congestive heart failure;
- (4) Gangrene;
- (5) Intermittent claudication;
- (6) Lymphedema;
- (7) Myocardial infarction;
- (8) Peripheral vascular disease;
- (9) Phlebitis;
- (10) Transient ischemic attacks;
- (11) Varicose veins; and
- (12) Venous ulcers.

b. Associated Problems:

- (1) Decreased endurance;
- (2) Edema;
- (3) General deconditioned state;
- (4) Pain;
- (5) Presence of inflammatory process;
- (6) Slow wound healing; and
- (7) Wound infection.

8. DYSFUNCTION: PERIPHERAL NERVE

a. Conditions:

- (1) Amyotrophic lateral sclerosis;
- (2) Bell's palsy;
- (3) Carpal tunnel syndrome;

- (4) Erb's palsy;
- (5) Guillain-Barre syndrome;
- (6) Herpes zoster;
- (7) Klumpke's paralysis;
- (8) Myasthenia gravis;
- (9) Neuralgia;
- (10) Neuritis;
- (11) Peripheral nerve injury;
- (12) Peripheral neuropathy;
- (13) Polio;
- (14) Polyneuritis;
- (15) Polyradiculitis;
- (16) Reflex sympathetic dystrophy;
- (17) Stretch palsies; and
- (18) Thoracic outlet syndrome.

b. Associated Problems:

- (1) Decreased coordination;
- (2) General deconditioned state;
- (3) Improper posture and or body mechanics;
- (4) Change or decrease in sensation;
- (5) Lack of functional ROM, strength and/or motor control for
- (6) Lack of mobility skills;
- (7) Muscle alienation;
- (8) Muscle guarding/spasm;

ADL;

- (9) Need for equipment or adaptive devices;
- (10) Need for muscle re-education; and
- (11) Pain.

9. DYSFUNCTION: NERVOUS SYSTEM

a. Conditions:

- (1) Brain tumor;
- (2) Cerebral arterial sclerosis;
- (3) Cerebral atrophy;
- (4) Cerebral palsy;
- (5) Comatose/semi-comatose;
- (6) Concussion;
- (7) CVA (stroke, hemiparesis);
- (8) Encephalitis;
- (9) Hydrocephalus;
- (10) Meningitis;
- (11) Mental retardation;
- (12) Multiple sclerosis;
- (13) Paralysis agitans;
- (14) Parkinsonism; and
- (15) Subdural hematoma.

b. Associated problems:

- (1) Spasticity, flaccidity;
- (2) Hypertonicity, hypotonicity, fluctuating tone, rigidity, athetosis;
- (3) Absence of righting reaction or equilibrium response;
- (4) Ataxia;

- (5) Contractures;
- (6) Decubitus ulcers;
- (7) Developmental sequence;
- (8) Disturbances of perception, sensation or proprioception;
- (9) Edema;
- (10) Impaired balance;
- (11) Lack of cognitive function (level of awareness);
- (12) Lack of functional ROM, strength or motor control for ADL;
- (13) Lack of mobility skills;
- (14) Muscle imbalance;
- (15) Need for equipment or adaptive devices;
- (16) Poor coordination; and
- (17) Presence of primitive or pathological reflexes.

10. DYSFUNCTION: SKIN

a. Conditions:

- (1) Burns;
- (2) Decubitus ulcers;
- (3) Open wounds;
- (4) Psoriasis; and
- (5) Soft tissue ulceration.

b. Associated Problems:

- (1) Contractures;
- (2) General deconditioned state;
- (3) Improper posture or body mechanics;
- (4) Inability or incapability of preserving ROM or strength;

- transfers, or gait;
- (5) Lack of functional ROM, strength or motor control for ADL,
  - (6) Lack of mobility skills;
  - (7) Need for wound cleaning, debridement, or dressing;
  - (8) Pain;
  - (9) Presence of active inflammatory process;
  - (10) Slow wound healing;
  - (11) Splinting; and
  - (12) Wound infection.

## VI. EXCLUSIONS

- A. Diathermy, ultrasound, and heat treatments for pulmonary conditions.
- B. General exercise programs, even if recommended by a physician (or other authorized individual professional provider acting within the scope of their license). [38 CFR 17.272 (a)(38)]
- C. Electrical nerve stimulation used in the treatment of upper motor neuron disorders such as multiple sclerosis.
- D. Electrical stimulation used in the attempt to prevent or reverse muscular atrophy and bone demineralization of paralyzed lower limbs (that provide exercise but not ambulation, to improve gait disorders in patients with hemiplegia, or for functional electric stimulators that permit ambulation by paraplegics).
- E. Separate charges for instruction of the patient and family in therapy procedures. [38 CFR 17.272(a)(33)]
- F. Repetitive exercise to improve gait, maintain strength, endurance, and assisted walking such as that provided in support of feeble or unstable patients.
- G. Range of motion and passive exercises that are not related to restoration of a specific loss of function, but are useful in maintaining range of motion in paralyzed extremities.
- H. Maintenance physical therapy after a therapy program has been designed.
- I. Services of chiropractors and naturopaths whether or not such services would be eligible for benefits if rendered by an authorized provider. [38 CFR 17.272(a)(32)]

Note: Physical therapy performed by a chiropractor may be covered if the chiropractor is a licensed, registered physical therapist or, the chiropractor is a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) who holds a valid medical license.

J. Acupuncture **with or without electrical stimulation**. [38 CFR 17.272(a)(34)]

K. Athletic training evaluation (CPT codes 97005, 97006).

L. The physical therapy limitation outlined should not be applied to osteopathic manipulation.

M. Services performed by a physical therapy assistant, who is employed by an independent professional provider, may not be cost shared (see [Chapter 2, Section 15.4, Services Rendered by Employees of Authorized Independent Professional Providers](#)).

N. CPT codes 97532 and 97533 are 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.

O. Sensory integration training (CPT codes 97532 and 97533).

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.

**P. Vertebral axial decompression (VAX-D) for relieving low back pain associated with herniated disc or degeneration disc disease of the lumbar vertebrae is unproven. [38 CFR 17.272(a)(14)]**

**\*END OF POLICY\***