1. **Purpose**
   The purpose of this policy is to establish criteria for the medical necessity of therapeutic activities.

2. **Definitions**
   Therapeutic activities is defined as direct one-on-one supervision and instruction in the use of dynamic activities to develop, restore or improve one or more specific activities of daily living or employment. The term therapeutic activities is not intended to apply to instructions in general therapeutic exercises. These procedures are timed services and should be reported for each 15 minute time period.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the use of therapeutic activities is always made on a case-by-case basis.
   
   3.2. Therapeutic activities **may be considered medically necessary** for a patient when there is a documented disability resulting from disease, injury or surgery, which precludes the individual from performing their activities of daily living or employment and where there is a reasonable expectation of improvement.
   
   3.3. The ultimate goals of therapeutic activities are to develop, restore or improve specific activities of daily living or employment. Once a home-based exercise program can be appropriately performed or return to work without restrictions has been achieved, continued supervised therapeutic activities **may be considered not medically necessary**.
   
   3.4. Any treatment plan involving the use of therapeutic activities should ultimately result in a reduction in the patient's pain and/or an improved ability to carry out activities of daily living or employment. The use of therapeutic activities beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement **may be considered not medically necessary**.

4. **References**
   4.1. Scientific:
   
   The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding therapeutic
activities (kinetic therapy) and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


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<thead>
<tr>
<th>Title/Subject: TMMP 116 - THERAPEUTIC ACTIVITIES (97530)</th>
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• Lansinger, Birgitta MS, PT; Larsson, Elisabeth MS, PT; Persson, Liselott C. PhD, PT; Carlsson, Jane Y. PhD, PT. Qigong and Exercise Therapy in Patients With Long-term Neck Pain: A Prospective Randomized Trial. Spine. 32(22):2415-2422, October 15, 2007.


• Linz DH; Shepherd CD; Ford LF; Ringley LL; Klekamp J; Duncan JM. Effectiveness of occupational medicine center-based physical therapy. Journal of Occupational and Environmental Medicine. 01-Jan-2002; 44(1): 48-53.


4.2. Related Triad Medical Policies:

- *TMMP 18 - Medical Necessity*

- *TMMP 10 - Use of Physical Modalities and Therapeutic Procedures*

5. Attachments

5.1. *Provider Manual*

Table of Revisions

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<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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<tbody>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual review. §3.3 text changed from “once a home-based program can be appropriately performed or return to work without restrictions has been achieved, continued supervised therapeutic activities may be considered not medically necessary” to “once a home-based exercise program can be appropriately performed or return to work without restrictions has been achieved, continued supervised therapeutic activities may be considered not medically necessary.” §3.4. text changed from “any treatment plan involving the use of therapeutic activities should ultimately result in a reduction in the patient’s pain and/or an improved ability to carry out activities of daily living or employment” to “any treatment plan involving the use of therapeutic activities should ultimately result in a reduction in the patient’s pain and/or an improved ability to carry out usual activities of daily living or employment.” Text below Table of Revisions added.</td>
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Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s medical policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.