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

2. **Definitions**
   Therapeutic exercise is defined as direct one-on-one supervision and instruction in the performance of exercises to develop, improve and/or maintain muscular strength and endurance, cardio-respiratory endurance, range of motion and flexibility, as well as overall functional ability. These procedures are timed services and should be reported for each 15 minute time period performed.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the use of therapeutic exercise is always made on a case-by-case basis.
   3.2. Therapeutic exercise **may be considered medically necessary** for a patient who has a documented loss of muscular strength or endurance, functional loss or restriction of joint motion or overall mobility, or a decreased overall functional capacity which has resulted from disease, injury or surgery.
   
   3.3. The ultimate goals of therapeutic exercise are to reduce pain, restore function and transition to a home-based exercise program. Once a home-based exercise program can be appropriately performed, continued supervised therapeutic exercise **is considered not medically necessary**.
   
   3.4. Any treatment plan involving the use of therapeutic exercise should ultimately result in a reduction in the patient’s pain and/or an improved ability to perform age appropriate activities of daily living. The use of therapeutic exercise beyond three (3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement **is 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 the use of therapeutic exercise 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.


• Hicks G, Fritz J, Delitto A, McGill S. Preliminary development of a clinical prediction rule for determining which patients with low back pain will respond to a stabilization exercise program. *Arch Phys Med Rehabil.* 2005 Sep;86(9):1753-62.


4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**
- **TMMP 10 - Use of Passive and Active Care**
- **TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures**

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97110</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4. changed from “the use of therapeutic exercise beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and/or clinical signs of functional improvement is considered not medically necessary” to “the use of therapeutic</td>
</tr>
<tr>
<td>Revision Date</td>
<td>Modified By</td>
<td>Description</td>
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<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes in policy text.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No change to policy text.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4 replaced “carry out” with “perform age appropriate”; changed language to read “is considered not medically necessary” instead of “may be considered...” to be consistent with other medical policies with the same §. Removal of §5. referencing Provider Manual as the provider manual was re-written to be administrative only. §4.2: added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures. Added CPT Code table.</td>
</tr>
<tr>
<td>08/09/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>08/04/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

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.