Cigna Medical Coverage Policy- Therapy Services
Range of Motion Testing

Effective Date: 6/15/2021
Next Review Date: 6/15/2022

INSTRUCTIONS FOR USE

Cigna / ASH Medical Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these Cigna / ASH Medical Coverage Policies are based. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Cigna / ASH Medical Coverage Policy. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Determinations in each specific instance may require consideration of:

1) the terms of the applicable benefit plan document in effect on the date of service
2) any applicable laws/regulations
3) any relevant collateral source materials including Cigna-ASH Medical Coverage Policies and
4) the specific facts of the particular situation

Cigna / ASH Medical Coverage Policies relate exclusively to the administration of health benefit plans.

Cigna / ASH Medical Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines.

Some information in these Coverage Policies may not apply to all benefit plans administered by Cigna. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make benefit determinations. References to standard benefit plan language and benefit determinations do not apply to those clients.

GUIDELINES

Medically Necessary

Range of Motion (ROM) Testing is considered medically necessary for medical conditions that impact multiple extremities and trunk musculature when further testing or evaluation beyond what is included in the Evaluation and Management (E/M) service or standard physical therapy, occupational therapy or athletic training evaluation/re-evaluation service is required to develop a plan of care. Examples include but are not limited to:

- spinal cord injury
- traumatic brain injury
- neurologic conditions (e.g. multiple sclerosis, stroke)
- movement Disorders (e.g. Parkinson's disease, cerebral palsy)

Testing must be pertinent to the plan of care and the diagnosis and a written report with interpretation of the results is required.

DESCRIPTION

CPT Codes: 95851–95852 (range of motion [ROM] testing) are designated as separate procedures and require the practitioner's interpretation of the results along with a separate, distinct, dated and signed written report (American Medical Association, 2018). For the typical patient, the Evaluation and Management (E/M) service, for evaluation (codes 97161-97163, 97164) and for reevaluation (codes 97165-97167, 97168) include all the necessary evaluation tools, including range of motion and manual muscle testing. Baseline measurements may be done with an initial evaluation, and are considered incidental and included in the initial E/M service. In addition, assessments, which are separate from evaluations and reevaluations, are included in the therapy treatment services and procedures and should be coded consistent with the intervention for which the assessment is necessary (Centers for Medicare and Medicaid Services [CMS], 2018). The assessments should be provided by therapists or physician/non-physician practitioner (NPP; i.e., physician assistants, nurse practitioners, clinical nurse specialists) and include objective testing and measurement (e.g., ROM) for clinical decision-making regarding the patient's condition and to determine the next step in the treatment plan. On rare occasions, it may be appropriate to perform a thorough range of motion during the course of treatment that is considered separate from the evaluation/reevaluation (CMS, 2018). Patients with complicated conditions may warrant specialized tests and measures with standardized reports. For example, a patient with an incomplete C5 quadriplegia at six months post-injury may need specialized testing for ROM to address specific deficits and goals.

Testing should be relevant to the plan of care and the diagnosis. Every muscle or joint in the affected extremity or trunk section, as described in the code descriptor, must be tested when coding these procedures. For example:

- Code 95851 is "Range of motion measurements and report; each extremity (excluding hand) or trunk section (spine)". To use this code for extremity ROM testing, every joint of an extremity would need to be tested, with documentation of why such a thorough assessment was warranted. It would not be appropriate to submit code 95851 if only shoulder ROM needed to be tested.

It is not reasonable or necessary for these codes to be performed on a routine basis or to be routinely used for all patients (e.g., monthly or in the place of submitting a standard reevaluation E/M code. Use of digital devices that provide reports does not justify use of these codes

DOCUMENTATION GUIDELINES

These codes are typically consultative. It is expected that the administration of these tests will generate material that will be formulated into a report. That report should clearly indicate the purpose and rationale for the test, the test performed with results and how the information affects the treatment plan.

LITERATURE REVIEW

Cools et al. (2014) sought to establish absolute and relative reliability for several procedures measuring the rotational shoulder ROM and strength into internal (IR) and external (ER) rotation strength. Relative reliability was determined by intraclass correlation coefficients (ICC). Absolute reliability was quantified by standard error of measurement (SEM) and minimal detectable change (MDC). Results demonstrated that reliability was good to excellent for IR and ER ROM and isometric strength measurements, regardless of patient or shoulder position or equipment used. Authors concluded that all procedures examined showed acceptable reliability for clinical use. However, patient position and equipment might influence the results. Kolber and Hanney (2012) investigated the intrarater reliability and concurrent validity of active shoulder mobility measurements using a digital inclinometer and goniometer. Authors concluded that the results cautiously support the interchangeable use of goniometry and digital inclinometer for measuring shoulder mobility measurements. Although reliable, clinicians should consider the 95% limits of agreement when using these instruments interchangeably as clinically significant differences are likely to be present. Literature on inclinometer reliability for the lower extremity is lacking.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side

References

1. American Medical Association (AMA) Current Procedural Terminology (CPT) 2018. American Medical Association: Chicago, IL.

2. American Occupational Therapy Association. (n.d.). Retrieved April 29, 2019, from www.aota.org

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5. Guide to Physical Therapist Practice 3.0. 2nd ed. Alexandria, VA: American Physical Therapy Association; 2014.

6. Kim SG, Lee YS. The intra- and inter-rater reliabilities of lower extremity muscle strength assessment of healthy adults using a hand held dynamometer. J Phys Ther Sci. 2015 Jun;27(6):1799-801.

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8. Centers for Medicare and Medicaid Services (CMS), Local Coverage Determination (LCD): Outpatient Physical and Occupational Therapy Services (L33631), National Government Services, Inc., 1/1/2019. Accessed April 29, 2019. Available at URL address: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33631&ver=51&KeyWord=physic&KeyWordLookUp=Title&KeyWordSearchType=Exact&bc=CAAAAAAAAAAA

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10. Schrama PP, Stenneberg MS, Lucas C, van Trijffel E. Intraexaminer reliability of hand- held dynamometry in the upper extremity: a systematic review. Arch Phys Med Rehabil. 2014 Dec;95(12):2444-69.

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