



Medical Coverage Policy

Effective Date.....02/15/2021
Next Review Date.....02/15/2022
Coverage Policy Number 0427

Inpatient Acute Rehabilitation

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Related Coverage Resources

- [Occupational Therapy \(CPG 155\)](#)
- [Outpatient Acute Rehabilitation](#)
- [Physical Therapy \(CPG 135\)](#)
- [Speech Therapy](#)

INSTRUCTIONS FOR USE

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Overview

This Coverage Policy addresses inpatient acute rehabilitation. Inpatient acute rehabilitation provides intense multidisciplinary services to restore or enhance function post-injury or illness.

Coverage Policy

Under many benefit plans, coverage for inpatient acute rehabilitation is subject to the terms, conditions, and limitations of the Other Participating Health Care Facility/Other Health Care Facility benefit as described in the applicable plan document.

Inpatient acute rehabilitation is considered medically necessary when ALL of the following criteria are met:

- The complexity of the individual's nursing; medical management; and rehabilitation needs require an inpatient interdisciplinary team approach for delivery of care, including ALL of the following.
 - 24-hour per day access to a registered nurse with specialized training in rehabilitation care.

- Frequent rehabilitation team assessment and intervention due to the potential risk of significant change in physical or medical status.
- The rehabilitation services require such an intensity, frequency and duration as to make it impractical for the individual to receive services in a less intense care setting.
- The rehabilitative treatment plan includes at least two therapies (e.g., physical therapy, occupational therapy, speech therapy).
- The individual is stable enough medically and is capable and willing to participate in intensive therapy for a minimum of three hours per day, at least five days per week or 15 hours per week (that is, in a 7-consecutive day period starting from the date of admission) when there are documented medical reasons that justify the alternative schedule (e.g. ongoing hemodialysis).
- The rehabilitation program is expected to result in significant therapeutic improvement over a clearly defined period of time.
- The rehabilitation program is individualized, and documentation outlines quantifiable, attainable treatment goals.
- Supervision is provided by a physician with specialized training or experience in rehabilitation, including face-to-face visits at least three days per week to assess the individual both medically and functionally and make appropriate modifications to the course of treatment based upon the individual's medical condition and progress.

Note: Continued coverage for inpatient acute rehabilitation requires regular documentation supporting significant progress toward treatment goals.

Inpatient acute rehabilitation is considered not medically necessary when ANY of the following applies:

- the individual's condition is such that it would be appropriate to receive medically necessary services in a less intense setting (e.g., skilled nursing facility or outpatient)
- coordinated multidisciplinary care is not provided or required
- documentation in the medical record does not support the need for intensive inpatient rehabilitation
- treatment provided to prevent or slow deterioration in function or prevent reoccurrences
- treatment intended to improve or maintain general physical condition
- long-term rehabilitative services when significant therapeutic improvement is not expected
- services for the purpose of enhancing job, school or athletic performance, or for recreation

General Background

Rehabilitative services may be provided in an acute care hospital or in a subacute or less intense setting (i.e., skilled nursing facility [SNF]) or other outpatient setting. In some circumstances, rehabilitation services are appropriate when provided in the home setting. The ideal and most intense level of care for medically complex patients is the acute hospital rehabilitation setting. Inpatient rehabilitation is designed to provide intensive rehabilitation therapy in a resource intensive inpatient hospital environment for individuals who due to the complexity of their nursing, medical management, and rehabilitation needs, require and can reasonably be expected to benefit from an inpatient stay and an interdisciplinary team approach to the delivery of rehabilitation care.

Various clinical guidelines have been published with recommendations regarding levels of rehabilitative care. Individuals admitted to inpatient rehabilitation must require and be able to tolerate three or more hours of intense therapy and have the potential for functional improvement. Although many patients do not receive specialized rehabilitation during the acute hospital stay, rehabilitation is often needed after amputation, cardiac events, or other conditions that result in varying degrees of functional loss. Patients who meet criteria for an inpatient rehabilitation facility (IRF) as a result of severe neurological impairment often require bowel and bladder management, skin care, tube feedings and the use of adaptive equipment for positioning. In most cases when the patient has limited potential for improvement (i.e., anticipated short rehabilitation stay) and committed caregivers, during the approved inpatient rehabilitation stay, caregivers often benefit from education and training that emphasizes the care of a severely neurologically impaired patient while in a home setting.

A physician referral/order to initiate formal rehabilitation is required and should establish the goals of therapy. Acute rehabilitation benefits patients who are cognitively intact and who can participate in at least three hours of therapy each day (McClelland, et al., 2003). Rehabilitative care services are determined by the patient's functional needs, and the availability of resources. Rehabilitation services employ a combination of physical, occupational, and speech therapy; psychological counseling; and social work directed toward helping patients maintain or recover physical capacities (Beers, et al., 1999). The services provided include measures to restore function for activities of daily living (ADLs). These include personal care such as grooming, bathing, dressing, feeding and toileting. The referring physician and rehabilitation team can determine which activities are achievable and essential for the patient to remain independent (Beers, et al., 1999).

In addition to a preadmission screening 48 hours prior to admission, according to CMS the following components must be met in order for inpatient rehabilitation services to be considered medically necessary (CMS, 2010):

- The patient must require the active and ongoing therapeutic intervention of multiple therapy disciplines (physical, occupational, speech-language pathology, prosthetics/orthotics), one of which must be physical or occupational.
- There is a reasonable expectation of measurable improvement that will be of practical value (to improve the patient's functional capacity or adaptation to impairments) within a prescribed period of time.
- The intensive rehabilitation therapy program generally consists of at least three hours of therapy per day at least five days per week; in some circumstance at least 15 hours of intense rehabilitation therapy with a consecutive 7 day period may be considered as an alternative, beginning with the date of admission.
- The patient's plan of care is developed and managed by a coordinated multidisciplinary team including a physician, rehabilitation nurse and one therapist.
- The patient must require physician supervision by a rehabilitation physician, the physician must conduct face-to-face visits with the patient at least three days per week to assess the patient both medically and the functionally, as well as to modify the course of treatment.
- The complexity of the patient's nursing; medical management; and rehabilitation needs require an inpatient interdisciplinary team approach for delivery of care.
- The interdisciplinary team must document participation from all of the following:
 - a rehabilitation physician with specialized training or experience in rehabilitation
 - a registered nurse with specialized training or experience in rehabilitation
 - a social worker and/or case manager
 - a licensed or certified therapist from each therapy involved in treating the patient

Rehabilitation Team and Services

Inpatient acute rehabilitation is an interdisciplinary process that comprises a number of surgical and medical specialties appropriate to the needs of each individual. The overall goal is to help the physically or cognitively impaired to achieve or regain their maximum functional potential for mobility, self-care and independent living, although not necessarily complete independence. Care provided during inpatient acute rehabilitation is provided by many disciplines working together in a coordinated method. Documentation should reflect active involvement of each discipline as well as a coordinated team approach in order to meet individualized patient goals.

Rehabilitation services and treatment provided in an inpatient setting generally includes the following services:

- physical therapy
- occupational therapy
- speech and language pathology
- cognitive assessment and treatment
- psychology
- neuropsychologic testing
- electrodiagnostic testing
- rehabilitative nursing
- social services
- therapeutic nutritional and dietary services
- therapeutic recreation
- prosthetic and orthotic prescription and fitting

- respiratory therapy
- cancer and cardiopulmonary services

Documentation provided in the patient's medical record must support medical necessity and should include relevant medical history, including the patient's rehabilitation potential and prior level of function, physical examination, and results of pertinent diagnostic test or procedures. In addition, the documentation must reflect the ongoing assessment and necessary adjustments to the plan of care.

Current functional status and measurable goals individualized to the needs and abilities of the patient should be part of the plan of care. The patient's progress toward established goals should be reviewed at least weekly and should include objective measurements (e.g., Functional Improvement Measurement [FIM] scores) as well as a clinical narrative which demonstrates functional improvement and progress towards attainable treatment goals as a result of the therapy provided.

Conflicting documentation between disciplines, widely fluctuating patient abilities, or failure to progress as planned should be explained and a realistic plan to address the problem identified. The plan of care should also include documentation of discharge plans.

Discharge planning is an integral part of the rehabilitation program. Discharge from inpatient rehabilitation is appropriate when the patient has achieved the established goals and daily multidisciplinary therapy is no longer required. Inpatient acute rehabilitation is not medically necessary when further progress toward established goals is unlikely or when services can be provided in a less intense setting.

Literature Review

Inpatient rehabilitation has been shown to improve functional outcomes for many individuals. Nevertheless evidence in the published scientific literature evaluating joint arthroplasty and various multidisciplinary rehabilitation settings does not conclusively support superiority for inpatient acute rehabilitation (Naglie, et al., 2002; Roos, 2003; Siggeirsdottir et al., 2005; Khan, et al., 2008; Mahomed, et al., 2008). While CMS does include knee and hip replacement as medical conditions listed in the regulatory requirements (CMS, 2007) eligible for inpatient rehabilitation, according to the final ruling, patients who require hip or knee joint replacement, or both, during an acute hospitalization immediately preceding an inpatient rehabilitation stay must also meet one of the following criteria for prospective payment (CMS, 2007):

- The patient underwent bilateral knee or bilateral hip joint replacement surgery during the acute hospital admission immediately preceding the inpatient rehabilitation stay.
- The patient is extremely obese with a body mass index (BMI) of at least 50 at the time of admission to the inpatient rehabilitation facility.
- The patient is age 85 or older at the time of admission to the inpatient rehabilitation facility.

Rehabilitation services are also frequently provided for conditions such as spinal cord injury, congenital deformity, amputations, major multiple trauma, brain injury, neurologic disorders and burns. Additionally, a large percentage of patients may benefit from inpatient rehabilitation after severe medical or surgical conditions such as cardiac surgery, pulmonary disorders, and surgery for cancer conditions. It has been shown in the published scientific literature that organized multidisciplinary rehabilitation improves functional outcomes for these conditions.

Overall, few studies have compared functional outcomes for patients admitted to inpatient rehabilitation hospitals, subacute facilities or SNFs, and studies demonstrating superiority of one type of rehabilitative setting over another are lacking. Evidence suggests the patient's medical stability and rehabilitative needs are the most important determinants for the appropriate choice of rehabilitation setting and does support improved patient functional outcomes with an organized, multidisciplinary approach to rehabilitative care.

Professional Societies/Organizations

In the Veterans Health Administration and Department of Defense (DoD) Clinical Practice Guideline for the Management of Stroke Rehabilitation (2019), a strong recommendation is given for "a team-based approach in an organized inpatient unit that encompasses comprehensive rehabilitation in order to improve likelihood of discharge to home after acute stroke."

The American Board of Internal Medicine’s (ABIM) Foundation Choosing Wisely® Initiative: No specific relevant statements found.

Use Outside of the US: No specific relevant information found.

Medicare Coverage Determinations

	Contractor	Policy Name/Number	Revision Effective Date
NCD	National	Inpatient Hospital Pain Rehabilitation/10.3	NA
LCD		No LCD found	

Note: Please review the current Medicare Policy for the most up-to-date information.

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:

Revenue Codes [†]	Description
0128	Room & Board-Semiprivate (Two-Beds)-Rehabilitation
0138	Room & Board-Three and Four Beds-Rehabilitation
0158	Room & Board-Ward-Rehabilitation
0420-0429	Physical Therapy
0430-0439	Occupational Therapy
0440-0449	Speech-Language Pathology

DRG	Description
945	Rehabilitation with complications and comorbidities/ major complications and comorbidities

ICD-10-CM Procedure Codes	Description
0JN0XZZ	Release Scalp Subcutaneous Tissue and Fascia, External Approach
0JN1XZZ	Release Face Subcutaneous Tissue and Fascia, External Approach
0JN4XZZ	Release Right Neck Subcutaneous Tissue and Fascia, External Approach
0JN5XZZ	Release Left Neck Subcutaneous Tissue and Fascia, External Approach
0JN6XZZ	Release Chest Subcutaneous Tissue and Fascia, External Approach
0JN7XZZ	Release Back Subcutaneous Tissue and Fascia, External Approach
0JN8XZZ	Release Abdomen Subcutaneous Tissue and Fascia, External Approach
0JN9XZZ	Release Buttock Subcutaneous Tissue and Fascia, External Approach
0JNBXZZ	Release Perineum Subcutaneous Tissue and Fascia, External Approach
0JNCXZZ	Release Pelvic Region Subcutaneous Tissue and Fascia, External Approach
0JNDXZZ	Release Right Upper Arm Subcutaneous Tissue and Fascia, External Approach
0JNFXZZ	Release Left Upper Arm Subcutaneous Tissue and Fascia, External Approach
0JNGXZZ	Release Right Lower Arm Subcutaneous Tissue and Fascia, External Approach
0JNHXZZ	Release Left Lower Arm Subcutaneous Tissue and Fascia, External Approach

ICD-10-CM Procedure Codes	Description
0JNJXZZ	Release Right Hand Subcutaneous Tissue and Fascia, External Approach
0JNKXZZ	Release Left Hand Subcutaneous Tissue and Fascia, External Approach
0JNLXZZ	Release Right Upper Leg Subcutaneous Tissue and Fascia, External Approach
0JNMXZZ	Release Left Upper Leg Subcutaneous Tissue and Fascia, External Approach
0JNNXZZ	Release Right Lower Leg Subcutaneous Tissue and Fascia, External Approach
0JNPXZZ	Release Left Lower Leg Subcutaneous Tissue and Fascia, External Approach
0JNQXZZ	Release Right Foot Subcutaneous Tissue and Fascia, External Approach
0JNRXZZ	Release Left Foot Subcutaneous Tissue and Fascia, External Approach
0KN0XZZ	Release Head Muscle, External Approach
0KN1XZZ	Release Facial Muscle, External Approach
0KN2XZZ	Release Right Neck Muscle, External Approach
0KN3XZZ	Release Left Neck Muscle, External Approach
0KN4XZZ	Release Tongue, Palate, Pharynx Muscle, External Approach
0KN5XZZ	Release Right Shoulder Muscle, External Approach
0KN6XZZ	Release Left Shoulder Muscle, External Approach
0KN7XZZ	Release Right Upper Arm Muscle, External Approach
0KN8XZZ	Release Left Upper Arm Muscle, External Approach
0KN9XZZ	Release Right Lower Arm and Wrist Muscle, External Approach
0KNBXZZ	Release Left Lower Arm and Wrist Muscle, External Approach
0KNCXZZ	Release Right Hand Muscle, External Approach
0KNDXZZ	Release Left Hand Muscle, External Approach
0KNFXZZ	Release Right Trunk Muscle, External Approach
0KNGXZZ	Release Left Trunk Muscle, External Approach
0KNHXZZ	Release Right Thorax Muscle, External Approach
0KNJXZZ	Release Left Thorax Muscle, External Approach
0KNKXZZ	Release Right Abdomen Muscle, External Approach
0KNLXZZ	Release Left Abdomen Muscle, External Approach
0KNMXZZ	Release Perineum Muscle, External Approach
0KNNXZZ	Release Right Hip Muscle, External Approach
0KNPXZZ	Release Left Hip Muscle, External Approach
0KNQXZZ	Release Right Upper Leg Muscle, External Approach
0KNRXZZ	Release Left Upper Leg Muscle, External Approach
0KNSXZZ	Release Right Lower Leg Muscle, External Approach
0KNTXZZ	Release Left Lower Leg Muscle, External Approach
0KNVXZZ	Release Right Foot Muscle, External Approach
0KNWXZZ	Release Left Foot Muscle, External Approach
0LN0XZZ	Release Head and Neck Tendon, External Approach
0LN1XZZ	Release Right Shoulder Tendon, External Approach
0LN2XZZ	Release Left Shoulder Tendon, External Approach
0LN3XZZ	Release Right Upper Arm Tendon, External Approach
0LN4XZZ	Release Left Upper Arm Tendon, External Approach
0LN5XZZ	Release Right Lower Arm and Wrist Tendon, External Approach

ICD-10-CM Procedure Codes	Description
0LN6XZZ	Release Left Lower Arm and Wrist Tendon, External Approach
0LN7XZZ	Release Right Hand Tendon, External Approach
0LN8XZZ	Release Left Hand Tendon, External Approach
0LN9XZZ	Release Right Trunk Tendon, External Approach
0LNBXZZ	Release Left Trunk Tendon, External Approach
0LNCXZZ	Release Right Thorax Tendon, External Approach
0LNDXZZ	Release Left Thorax Tendon, External Approach
0LNFXZZ	Release Right Abdomen Tendon, External Approach
0LNGXZZ	Release Left Abdomen Tendon, External Approach
0LNHXZZ	Release Perineum Tendon, External Approach
0LNJXZZ	Release Right Hip Tendon, External Approach
0LNKXZZ	Release Left Hip Tendon, External Approach
0LNLXZZ	Release Right Upper Leg Tendon, External Approach
0LNMXZZ	Release Left Upper Leg Tendon, External Approach
0LNNXZZ	Release Right Lower Leg Tendon, External Approach
0LNPXZZ	Release Left Lower Leg Tendon, External Approach
0LNQXZZ	Release Right Knee Tendon, External Approach
0LNRXZZ	Release Left Knee Tendon, External Approach
0LNSXZZ	Release Right Ankle Tendon, External Approach
0LNTXZZ	Release Left Ankle Tendon, External Approach
0LNVXZZ	Release Right Foot Tendon, External Approach
0LNWXZZ	Release Left Foot Tendon, External Approach
0RN0XZZ	Release Occipital-cervical Joint, External Approach
0RN1XZZ	Release Cervical Vertebral Joint, External Approach
0RN3XZZ	Release Cervical Vertebral Disc, External Approach
0RN4XZZ	Release Cervicothoracic Vertebral Joint, External Approach
0RN5XZZ	Release Cervicothoracic Vertebral Disc, External Approach
0RN6XZZ	Release Thoracic Vertebral Joint, External Approach
0RN9XZZ	Release Thoracic Vertebral Disc, External Approach
0RNAXZZ	Release Thoracolumbar Vertebral Joint, External Approach
0RNBXZZ	Release Thoracolumbar Vertebral Disc, External Approach
0RNCXZZ	Release Right Temporomandibular Joint, External Approach
0RNDXZZ	Release Left Temporomandibular Joint, External Approach
0RNEXZZ	Release Right Sternoclavicular Joint, External Approach
0RNFXXZZ	Release Left Sternoclavicular Joint, External Approach
0RNGXZZ	Release Right Acromioclavicular Joint, External Approach
0RNHXZZ	Release Left Acromioclavicular Joint, External Approach
0RNJXZZ	Release Right Shoulder Joint, External Approach
0RNKXZZ	Release Left Shoulder Joint, External Approach
0RNLXZZ	Release Right Elbow Joint, External Approach
0RNMXZZ	Release Left Elbow Joint, External Approach
0RNNXZZ	Release Right Wrist Joint, External Approach
0RNPXZZ	Release Left Wrist Joint, External Approach
0RNQXZZ	Release Right Carpal Joint, External Approach
0RNRXZZ	Release Left Carpal Joint, External Approach
0RNSXZZ	Release Right Carpometacarpal Joint, External Approach
0RNTXZZ	Release Left Carpometacarpal Joint, External Approach

ICD-10-CM Procedure Codes	Description
0RNUXZZ	Release Right Metacarpophalangeal Joint, External Approach
0RNVXZZ	Release Left Metacarpophalangeal Joint, External Approach
0RNWXZZ	Release Right Finger Phalangeal Joint, External Approach
0RNXXZZ	Release Left Finger Phalangeal Joint, External Approach
0SN0XZZ	Release Lumbar Vertebral Joint, External Approach
0SN2XZZ	Release Lumbar Vertebral Disc, External Approach
0SN3XZZ	Release Lumbosacral Joint, External Approach
0SN4XZZ	Release Lumbosacral Disc, External Approach
0SN5XZZ	Release Sacrococcygeal Joint, External Approach
0SN6XZZ	Release Coccygeal Joint, External Approach
0SN7XZZ	Release Right Sacroiliac Joint, External Approach
0SN8XZZ	Release Left Sacroiliac Joint, External Approach
0SN9XZZ	Release Right Hip Joint, External Approach
0SNBXZZ	Release Left Hip Joint, External Approach
0SNCXZZ	Release Right Knee Joint, External Approach
0SNDXZZ	Release Left Knee Joint, External Approach
0SNFXZZ	Release Right Ankle Joint, External Approach
0SNGXZZ	Release Left Ankle Joint, External Approach
0SNHXZZ	Release Right Tarsal Joint, External Approach
0SNJXZZ	Release Left Tarsal Joint, External Approach
0SNKXZZ	Release Right Tarsometatarsal Joint, External Approach
0SNLXZZ	Release Left Tarsometatarsal Joint, External Approach
0SNMXZZ	Release Right Metatarsal-Phalangeal Joint, External Approach
0SNNXZZ	Release Left Metatarsal-Phalangeal Joint, External Approach
0SNPXZZ	Release Right Toe Phalangeal Joint, External Approach
0SNQXZZ	Release Left Toe Phalangeal Joint, External Approach
2W60X0Z- 2W6VXZZ	Traction/Anatomical Regions
F06Z3KZ- F06Z3ZZ	Aphasia Treatment
F06Z4KZ- F06Z4ZZ	Articulation/Phonology Treatment
F06Z74Z- F06Z7ZZ	Fluency Treatment
F06Z8KZ- F06Z8ZZ	Motor Speech Treatment
F06Z9KZ- F06Z9ZZ	Orofacial Myofunctional Treatment
F06ZCKZ- F06ZCZZ	Voice Treatment
F0700EZ- F0700ZZ	Range of Motion and Joint Mobility Treatment of Neurological System - Head and Neck
F0701EZ- F0701ZZ	Muscle Performance Treatment of Neurological System - Head and Neck
F0702EZ- F0702ZZ	Coordination/Dexterity Treatment of Neurological System - Head and Neck
F0703EZ- F0703ZZ	Motor Function Treatment of Neurological System - Head and Neck
F0706BZ- F0706ZZ	Therapeutic Exercise Treatment of Neurological System - Head and Neck

ICD-10-CM Procedure Codes	Description
F0707ZZ	Manual Therapy Techniques Treatment of Neurological System - Head and Neck
F0710EZ- F0710ZZ	Range of Motion and Joint Mobility Treatment of Neurological System - Upper Back / Upper Extremity
F0711EZ- F0711ZZ	Muscle Performance Treatment of Neurological System - Upper Back / Upper Extremity
F0712EZ- F0712ZZ	Coordination/Dexterity Treatment of Neurological System - Upper Back / Upper Extremity
F0713EZ- F0713ZZ	Motor Function Treatment of Neurological System - Upper Back / Upper Extremity
F0716BZ- F0716ZZ	Therapeutic Exercise Treatment of Neurological System - Upper Back / Upper Extremity
F0717ZZ	Manual Therapy Techniques Treatment of Neurological System - Upper Back / Upper Extremity
F0720EZ- F0720ZZ	Range of Motion and Joint Mobility Treatment of Neurological System - Lower Back / Lower Extremity
F0721EZ- F0721ZZ	Muscle Performance Treatment of Neurological System - Lower Back / Lower Extremity
F0722EZ- F0722ZZ	Coordination/Dexterity Treatment of Neurological System - Lower Back / Lower Extremity
F0723EZ- F0723ZZ	Motor Function Treatment of Neurological System - Lower Back / Lower Extremity
F0726BZ- F0726ZZ	Therapeutic Exercise Treatment of Neurological System - Lower Back / Lower Extremity
F0727ZZ	Manual Therapy Techniques Treatment of Neurological System - Lower Back / Lower Extremity
F0730EZ- F0730ZZ	Range of Motion and Joint Mobility Treatment of Neurological System - Whole Body
F0731EZ- F0731ZZ	Muscle Performance Treatment of Neurological System - Whole Body
F0732EZ- F0732ZZ	Coordination/Dexterity Treatment of Neurological System - Whole Body
F0733EZ- F0733ZZ	Motor Function Treatment of Neurological System - Whole Body
F0736BZ- F0736ZZ	Therapeutic Exercise Treatment of Neurological System - Whole Body
F0737ZZ	Manual Therapy Techniques Treatment of Neurological System - Whole Body
F07D0EZ- F07D0ZZ	Range of Motion and Joint Mobility Treatment of Integumentary System - Head and Neck
F07D1EZ- F07D1ZZ	Muscle Performance Treatment of Integumentary System - Head and Neck
F07D2EZ- F07D2ZZ	Coordination/Dexterity Treatment of Integumentary System - Head and Neck
F07D3EZ- F07D3ZZ	Motor Function Treatment of Integumentary System - Head and Neck
F07D6BZ- F07D6ZZ	Therapeutic Exercise Treatment of Integumentary System - Head and Neck
F07D7ZZ	Manual Therapy Techniques Treatment of Integumentary System - Head and Neck
F07F0EZ- F07F0ZZ	Range of Motion and Joint Mobility Treatment of Integumentary System - Upper Back / Upper Extremity
F07F1EZ- F07F1ZZ	Muscle Performance Treatment of Integumentary System - Upper Back / Upper Extremity

ICD-10-CM Procedure Codes	Description
F07F2EZ- F07F2ZZ	Coordination/Dexterity Treatment of Integumentary System - Upper Back / Upper Extremity
F07F3EZ- F07F3ZZ	Motor Function Treatment of Integumentary System - Upper Back / Upper Extremity
F07F6BZ- F07F6ZZ	Therapeutic Exercise Treatment of Integumentary System - Upper Back / Upper Extremity
F07F7ZZ	Manual Therapy Techniques Treatment of Integumentary System - Upper Back / Upper Extremity
F07G0EZ- F07G0ZZ	Range of Motion and Joint Mobility Treatment of Integumentary System - Lower Back / Lower Extremity
F07G1EZ- F07G1ZZ	Muscle Performance Treatment of Integumentary System - Lower Back / Lower Extremity
F07G2EZ- F07G2ZZ	Coordination/Dexterity Treatment of Integumentary System - Lower Back / Lower Extremity
F07G3EZ- F07G3ZZ	Motor Function Treatment of Integumentary System - Lower Back / Lower Extremity
F07G6BZ- F07G6ZZ	Therapeutic Exercise Treatment of Integumentary System - Lower Back / Lower Extremity
F07G7ZZ	Manual Therapy Techniques Treatment of Integumentary System - Lower Back / Lower Extremity
F07H0EZ- F07H0ZZ	Range of Motion and Joint Mobility Treatment of Integumentary System - Whole Body
F07H1EZ- F07H1ZZ	Muscle Performance Treatment of Integumentary System - Whole Body
F07H2EZ- F07H2ZZ	Coordination/Dexterity Treatment of Integumentary System - Whole Body
F07H3EZ- F07H3ZZ	Motor Function Treatment of Integumentary System - Whole Body
F07H6BZ- F07H6YZ	Therapeutic Exercise Treatment of Integumentary System - Whole Body
F07H7ZZ	Manual Therapy Techniques Treatment of Integumentary System - Whole Body
F07J0EZ- F07J0ZZ	Range of Motion and Joint Mobility Treatment of Musculoskeletal System - Head and Neck
F07J1EZ- F07J1ZZ	Muscle Performance Treatment of Musculoskeletal System - Head and Neck
F07J2EZ- F07J2ZZ	Coordination/Dexterity Treatment of Musculoskeletal System - Head and Neck
F07J3EZ- F07J3ZZ	Motor Function Treatment of Musculoskeletal System - Head and Neck
F07J6BZ- F07J6ZZ	Therapeutic Exercise Treatment of Musculoskeletal System - Head and Neck
F07J7ZZ	Manual Therapy Techniques Treatment of Musculoskeletal System - Head and Neck
F07K0EZ- F07K0ZZ	Range of Motion and Joint Mobility Treatment of Musculoskeletal System - Upper Back / Upper Extremity
F07K1EZ- F07K1ZZ	Muscle Performance Treatment of Musculoskeletal System - Upper Back / Upper Extremity
F07K2EZ- F07K2ZZ	Coordination/Dexterity Treatment of Musculoskeletal System - Upper Back / Upper Extremity
F07K3EZ- F07K3ZZ	Motor Function Treatment of Musculoskeletal System - Upper Back / Upper Extremity
F07K6BZ- F07K6ZZ	Therapeutic Exercise Treatment of Musculoskeletal System - Upper Back / Upper Extremity

ICD-10-CM Procedure Codes	Description
F07K7ZZ	Manual Therapy Techniques Treatment of Musculoskeletal System - Upper Back / Upper Extremity
F07L0EZ- F07L0ZZ	Range of Motion and Joint Mobility Treatment of Musculoskeletal System - Lower Back / Lower Extremity
F07L1EZ- F07L1ZZ	Muscle Performance Treatment of Musculoskeletal System - Lower Back / Lower Extremity
F07L2EZ- F07L2ZZ	Coordination/Dexterity Treatment of Musculoskeletal System - Lower Back / Lower Extremity
F07L3EZ- F07L3ZZ	Motor Function Treatment of Musculoskeletal System - Lower Back / Lower Extremity
F07L6BZ- F07L6ZZ	Therapeutic Exercise Treatment of Musculoskeletal System - Lower Back / Lower Extremity
F07L7ZZ	Manual Therapy Techniques Treatment of Musculoskeletal System - Lower Back / Lower Extremity
F07M0EZ- F07M0ZZ	Range of Motion and Joint Mobility Treatment of Musculoskeletal System - Whole Body
F07M1EZ- F07M1ZZ	Muscle Performance Treatment of Musculoskeletal System - Whole Body
F07M2EZ- F07M2ZZ	Coordination/Dexterity Treatment of Musculoskeletal System - Whole Body
F07M3EZ- F07M3ZZ	Motor Function Treatment of Musculoskeletal System - Whole Body
F07M6BZ- F07M6ZZ	Therapeutic Exercise Treatment of Musculoskeletal System - Whole Body
F07M7ZZ	Manual Therapy Techniques Treatment of Musculoskeletal System - Whole Body
F07Z8CZ- F07Z8ZZ	Transfer Training Treatment
F07Z9CZ- F07Z9ZZ	Gait Training/Functional Ambulation Treatment
F08D5BZ- F08M5ZZ	Wound Management Treatment
F08Z3CZ- F08Z3ZZ	Feeding/Eating Treatment
F0C33EZ- F0CM3ZZ	Postural Control Treatment of Neurological System - Whole Body
F0DZ6EZ- F0DZ7ZZ	Orthosis Device Fitting

Considered Not Medically Necessary

ICD-10-CM Procedure Codes	Description
F08Z7BZ- F08Z7ZZ	Vocational Activities and Functional Community or Work Reintegration Skills Treatment

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References

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