



Geisinger Health Plan Policies and Procedure Manual

Policy: MP108

Section: Medical Benefit Policy

Subject: Work Hardening and Work Conditioning Programs and Functional Capacity Exams

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Work Hardening and Work Conditioning Programs and Functional Capacity Exams

II. Purpose/Objective:

To provide a policy of coverage regarding Work Hardening and Work Conditioning Programs and Functional Capacity Exams

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an

illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Work Conditioning, also known as functional reconditioning, is a work-related, intensive, goal-oriented treatment program specifically designed to improve an individual's systemic, neuromusculoskeletal (strength, endurance, movement, flexibility and motor control), and cardiopulmonary functions. Work conditioning is provided in daily (optional) sessions for up to 8 weeks with the object being a restoration of the member's physical capacity and function to enable a return to work.

Criteria for Coverage:

Components of work conditioning program: Work Conditioning programs consist of the following core group of components:

The services:

1. Are provided by one discipline; **and**
2. Utilize physical conditioning and functional activities related to work; **and**
3. Include work related activities and or simulated work activities; **and**
4. Include techniques to improve strength, endurance, movement, flexibility, motor control, and cardiopulmonary capacity related to the performance of work tasks; **and**
5. Include practice, modification, and instruction in work related activities; **and**
6. Include specific job goals and systematic data collection; **and**
7. Include documentation that the member is at a point of resolution of the initial or principal injury at which participation in the work- conditioning program would not be prohibited.

In addition, the following components may also be included in work conditioning programs:

1. The services only address the physical and functional needs
2. The service require work conditioning assessment
3. The service is provided in daily sessions (optional), in multi-hour sessions, maximum of 4 hours per day, up to 8 weeks.
4. The service includes education related to safe job performance and injury prevention.

Work hardening is a highly structured, goal-oriented, individualized treatment program using real or simulated work activities designed to restore physical, behavioral and vocational function. Provided in daily (optional) sessions for up to 8 weeks, work hardening programs address the issues of productivity, safety, physical tolerances and worker behaviors.

Components of work hardening:

1. The services are provided by an interdisciplinary team.
2. The program addresses physical, functional, behavioral, and vocational needs within an interdisciplinary model.
3. The program requires a work hardening assessment.
4. Work hardening is provided in multi-hour sessions up to 4-8 hours a day, 5 days a week up to 8 weeks.
5. The program includes real or simulated work activities.
6. The program includes techniques to develop strength, endurance, movement, flexibility, motor control, and cardiopulmonary capacity related to the performance of work tasks.
7. The program includes practice, modification, and instruction in simulated or real work activities.
8. The program includes education related to safe job performance and injury prevention.
9. Development of program goals are in relation to specific job requirements, and systematic data collection.
10. The program includes provision of behavioral and vocational services as determined by the respective work hardening provider.
11. The program is implemented at a point of resolution of the initial or principal injury at which participation in the work hardening program would not be prohibited.

Functional Capacity Assessment is a comprehensive, objective testing of a person's abilities in work related functional tasks. At times, it is used as a preliminary test to determine functional status and capabilities prior to beginning a Work Hardening Program. Functional capacity assessment examinations are limited to those situations in which the following criteria are met:

- The member is determined to be medically stable; and
- The evaluation is designed to determine return to work capabilities following a defined injury or a medically necessary rehabilitation period; and
- The evaluation is structured to address specific questions about the member's performance abilities. The question(s) must be addressed in the evaluation report; and

- Reported results must be compared to meaningful standardized norms; and
- The Functional Capacity performance assessment must be performed by a qualified provider. For the purposes of this policy, a qualified provider is defined as a licensed PT/OT who is able to show evidence of education, training and competencies specific to the delivery of Functional Capacity Assessments

EXCLUSIONS:

According to the Commission on Accreditation of Rehabilitation Facilities, work conditioning/hardening programs are used to educate and train the patient in fulfilling his/her job duties and are not designed for the treatment of an underlying condition, or for the rehabilitation of the patient towards functional independence. The Plan has determined that work conditioning/hardening programs are **NOT MEDICALLY NECESSARY** and therefore **NOT COVERED**. Specific language as may be found in the members benefit document will apply.

Functional Capacity Assessment is not covered when

- The criteria cited above are not met.
- Done solely for occupational evaluation without preceding injury or illness.
- Done solely for the evaluation of eligibility for Social Security Disability benefits

Work conditioning/hardening should not replace or be part of the traditional treatment of occupational or physical therapy in individuals with any work-related or non-work-related injury.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

LIMITATIONS:

Functional Capacity Assessment is limited to one assessment every 12 months. If a case warrants a repeat Functional Capacity Assessment in less than 12 months, it will be reviewed on a per-case basis on individual client/patient objective data compared to standardized norms.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH : Work conditioning and work hardening

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

CPT Code:

97545 Work hardening/conditioning initial 2 hours

97546 Work hardening/conditioning; each additional hour

97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

American Physical Therapy Association. (1995) Guidelines for Programs for Injured Workers [Brochure]. Alexandria, Virginia: American Physical Therapy Association.

Saunders R. (1995). Industrial Rehabilitation: Techniques for Success. Chaska, Minnesota: The Saunders Group
This policy will be revised as necessary and reviewed no less than annually.

Wyman DO. "Evaluating Patients for Return to Work", *American Family Physician*. 1999. 59(4):844-848.

Occupational Therapy Services in Work Rehabilitation: Work Hardening/Work Conditioning. American Occupational Therapy Association.
<http://www.aota.org/featured/area6/links/link02ad.asp>

The Commission on Accreditation of Rehabilitation Facilities. <http://www.carf.org/con/lsumer.aspx>

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Devised: 5/03

Revised: 11/04; 11/07 (added Functional Capacity); 12/16, 12/18 (removed exclusion)

Reviewed: 11/05, 11/06, 11/08, 11/09, 12/10, 12/11, 12/12, 12/13, 12/14; 12/15, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22
11/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.