Evolent Clinical Guideline 1507 for Passive Treatment

Guideline Number: Evolent_CG_1507		
"Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc. 		
Original Date: November 2015	**Last Revised Date:** November 2024	**Implementation Date:** July 2025

TABLE OF CONTENTS

STATEMENT **2**
GENERAL INFORMATION 2
PURPOSE 2
SCOPE 2
INDICATIONS **2**
DOCUMENTATION REQUIREMENTS 2
APPROPRIATE USE 2
Clinically Appropriate Use of Passive Treatment *2*
Clinically Inappropriate Use of Passive Treatment *3*
Exclusions *3*
PROCEDURES AND MODALITIES 3
Thermotherapy/Cryotherapy *3*
Light Therapy (aka Phototherapy) *4*
Electrical Stimulation Therapy *4*
Mechanical Therapy *4*
Therapeutic Massage and Manual Therapy *4*
CODING AND STANDARDS **5**
APPLICABLE LINES OF BUSINESS 5
BACKGROUND **5**
DEFINITIONS 5
POLICY HISTORY **6**
LEGAL AND COMPLIANCE **6**
GUIDELINE APPROVAL 6
Committee *6*
DISCLAIMER 6
REFERENCES **7**

STATEMENT

General Information

*It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. ~~If~~ **If** applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*

Purpose

This organization does not recognize the use of multiple passive treatments for the care of musculoskeletal pain as within the scope of network practitioners. Most passive treatments have similar physiological effects related to pain control and reduction of inflammation. The use of treatments with duplicative physiological effects is unnecessary and inappropriate.

All recommendations in this guideline reflect practices that are evidence-based and/or supported by broadly accepted clinical specialty standards.

Scope

This guideline applies to all p~~P~~hysical medicine participating network practitioners, including rendering chiropractors, physical therapists, occupational therapists, speech therapists, and therapist assistants as applicable. This **guideline** ~~policy~~ also applies to out of network practitioners as dictated by the health plan.

INDICATIONS

Documentation Requirements

The treatment plan or plan of care must include the clinical rationale for each service, a description of the service, the area of the body **for which** the service will be provided, goals for each service, and a time component, if indicated.

Appropriate Use

Clinically Appropriate Use of Passive Treatment

- The initial period of an episode of treatment or exacerbation of a sub-acute or chronic condition for pain control, reduction of inflammation, or reduction of muscle spasm
    - **Most studies show the duration of treatment effectiveness was typically reported as short (2 weeks to 2 months).**
- When there are no contraindications to the intervention
- Self-administration is implausible or places the patient at risk of harm**.**
- Used primarily during the initial period of an episode of treatment**.**
- Used to support an active care approach (i.e., therapeutic exercise)
    - **Most international guidelines recommend these interventions should only be reservedly used based upon individual circumstances and not as a**

principal component of a treatment regime.

- Used for a particular condition for which there is an evidence-basis of significant benefit.

Clinically Inappropriate Use of Passive Treatment

- When patient safety is jeopardized by the application of the modality
- When the treatment can safely and effectively be administered by the patient or another individual
- Used during a course of treatment, which continues beyond the initial period.
  - **As a condition progresses passive care should be replaced by active treatment modalities, such as therapeutic exercise. Insufficient evidence exists to support the continued use of passive treatment as a means for improved clinical outcomes.**
- Used as the primary or sole therapy.
- ~~Greater~~**More** than ~~one~~**two** passive treatment**s** ~~is~~**are** used involving the same body region(s)
- Used largely for the comfort and convenience of the patient.
- Used as part of the routine office protocol.

Exclusions

- The use of chiropractic manipulation (CPT codes: 98940 - 98943) is not considered a duplication of service or physiological effect when used in conjunction with passive treatment, except for the following:
  - The National Correct Coding Initiative (NCCI) edits require that the manual therapy techniques be performed in a separate anatomic site than the chiropractic adjustments in order to be reimbursed separately.

Procedures and Modalities

Thermotherapy/Cryotherapy

The superficial or deep application of heat or cold.

- Superficial
  - Hot/cold packs ~~(97010)~~
  - Paraffin bath ~~(97018)~~
  - Whirlpool ~~(97022)~~
- Deep
  - Diathermy ~~(97024)~~
  - Microwave ~~(97020)~~
  - Ultrasound (US) ~~(97035)~~

NOTE: Thermal therapy has been found to be most successful in the short-term relief of musculoskeletal pain but is also often used in conjunction with other therapies to improve outcomes ~~[~~**.** [1,2]~~, 3].~~

NOTE: ~~US~~**Ultrasound** therapy is used as both thermal therapy and mechanical therapy ~~[~~**[3] and may provide short-term pain relief for knee osteoarthritis.** [4,5]~~, 6].~~

Light Therapy (aka Phototherapy)

Light concentrated in a narrow beam to excite cells in local tissues.

- Ultraviolet ~~(97028)~~
- Infrared ~~(97026)~~
- Laser therapy
  - Low level
  - High level

NOTE: Ultraviolet therapy is primarily used to treat skin disorders and promote wound healing.

NOTE: Both low (including infrared) and high level laser therapy have been shown effective in reducing pain and as adjuncts to other physical therapy modalities ~~[7, 8, 9, 10, 11].~~ **. [4,6,7]**

Electrical Stimulation Therapy

- Administration of an electrical current to a specific, localized body site.
- Volt
  - High
  - Low
- Interferential current (IFC)
- Transcutaneous electrical nerve stimulation (TENS) ~~(97014 and 97032)~~
- **Neuromuscular electrical stimulation (NMES)**

NOTE: IFC and TENS have consistently been found to reduce pain during and shortly after application, helping facilitate other therapies and/or improving outcomes ~~[12, 13, 14, 15]~~**. [8,9]**

Mechanical Therapy

Mechanically assisted and often sustained pull of the spine or limb

- Traction

NOTE: Lumbar traction has been shown to be effective in relieving low back pain and lumbar radiculopathy ~~[16, 17, 18].~~ **. [10,11]**

NOTE: Cervical traction may offer some short-term pain relief for neck pain and cervical radiculopathy ~~[19, 20].~~ **. [12,13]**

Therapeutic Massage and Manual Therapy

Includes but not limited to ~~(97124 and 97140):~~**:**

- Active Release Technique

- Trigger point therapy
- Myofascial release
- Mobilization/manipulation
- Manual lymphatic drainage
- Manual traction

NOTE: A range of manual therapies have been found to be effective in treating tension-type headaches ~~[21, 22].~~ [14,15]

NOTE: Manual therapies can decrease pain, increase range of motion, and improve functionality in a range of musculoskeletal conditions, including osteoarthritis ~~[23, 24, 25].~~ [4,16,17]

CODING AND STANDARDS

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

BACKGROUND

Definitions

Modality: any group of agents that may include thermal, acoustic, radiant, mechanical, or electrical energy to produce physiologic changes in tissues for therapeutic purposes. Modalities affect tissue at the cellular level.

Multiple Modalities: the use of and/or billing of two or more physical medicine modalities each visit or during the same session to the same region.

Passive Treatment: treatment that is applied by the provider or in a clinical setting and does not involve active participation by the patient.

Procedure: a service provided to increase the functional abilities in self-care, mobility, or safety.~~‡The preponderance of evidence appears to support either a lack of efficacy or insufficient data to make a judgment on benefit for the modalities evaluated. When a positive outcome was described, the reported treatment effects were modest. Similarly, the duration of treatment effectiveness was typically reported as short (2 weeks to 2 months).~~ **Similarly,** ~~Most international guidelines recommend these interventions should only be reservedly used based upon individual circumstances and not as a principal component of a treatment~~

~~regime. As a condition progresses passive care should be replaced by active treatment modalities, such as therapeutic exercise. Insufficient evidence exists to support the continued use of passive treatment as a means for improved clinical outcomes.~~

POLICY HISTORY

Date	Summary
November **2024**	• **This guideline replaces Evolent Clinical Guideline 604 for Passive Treatment** • **Updated references** • **Added knee osteoarthritis to ultrasound section**
December 2023	• **Clinical guidance was reorganized to emphasize indications rather than contraindications**

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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GENERAL INFORMATION 2
PURPOSE 2
SCOPE 2
INDICATIONS **2**
DOCUMENTATION REQUIREMENTS 2
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Mechanical Therapy *4*
Therapeutic Massage and Manual Therapy *4*
CODING AND STANDARDS **5**
APPLICABLE LINES OF BUSINESS 5
BACKGROUND **5**
DEFINITIONS 5
POLICY HISTORY **6**
LEGAL AND COMPLIANCE **6**
GUIDELINE APPROVAL 6
Committee *6*
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CODING AND STANDARDS

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LEGAL AND COMPLIANCE

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Committee

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