Optum* by OptumHealth Care Solutions, LLC considers manual muscle testing and/or range of motion testing to be medically necessary and reasonable as “separate procedures” when the following elements are present in the documentation submitted for utilization review:

1. A comprehensive written report was submitted that includes the rationale as to why the service was rendered as a separate and distinct procedure
2. The service was performed by a qualified health care provider
3. The service was not included as an integral component of a more comprehensive service (eg, E/M, physical/occupational therapy evaluation/re-evaluation, functional capacity testing)
4. The service is considered appropriate by methodologically sound clinical evidence reports (eg, relevant clinical practice guidelines and/or evidence syntheses)
5. The service demonstrably impacted clinical decision making (eg, treatment planning, goals)

The purpose of this policy is to describe the criteria used by Optum when rendering utilization review (UR) determinations regarding the medical necessity of manual muscle testing and/or range of motion testing, when reported as “separate procedures”.

This policy applies to all muscle and range of motion testing procedures that are described in the Current Procedural Terminology (CPT®) manual for all in and out of network programs, involving all provider types, where UR determinations are performed.

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Terminology

Qualified Health Care Provider: An individual who by education, training, licensure/regulation, and facility privileging (when applicable) performs a professional service within his/her scope of practice and reports a professional service. These providers are distinct from ‘clinical staff’ e.g., physical therapy aide, speech language assistant. A clinical staff member is a person who works under the supervision of a qualified health care provider and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service. Examples of qualified health care providers for the purpose of this policy include physicians, chiropractors, physical therapists, occupational therapists, physician assistants, nurse practitioners, physical therapy assistants, and occupational therapy assistants (please note this list is not all inclusive).

Separate Procedure: A service that is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time.

Overview

Muscle and range of motion testing are commonly performed by a qualified health care provider as integral components of a total service or procedure eg, E/M, physical/occupational therapy evaluation. However, these services may – under certain conditions – be reported as separate procedures. In instances when these services are reported as having been performed separately, written document of medical necessity in the health care record should reflect the need for each service. “It is incumbent upon the provider to support the need for range of motion or manual muscle testing services in the documentation.” [CPT® Assistant, Aug. 2013]

Current Procedural Terminology (CPT®) codes used to report manual muscle testing (MMT) and range of motion (ROM) testing procedures are found in the Medicine/Neurology and Neuromuscular Procedures section of the CPT codebook. Information published in the CPT® Assistant that provides guidance for these two types of procedures in relation to conducting UR determinations has been included and/or adapted in the development of this policy.

Manual Muscle Testing

Gross motor testing of muscle strength (eg, testing for plantar flexion without separating the soleus from the gastrocnemius) is typically included as part of the physical examination, one of the key components used to determine the level of evaluation and management (E/M) services. Testing muscle strength is also usually a component of physical therapy and occupational therapy evaluations/re-evaluations. In contrast, manual muscle testing (MMT) as a separate procedure reports a manual test of specific muscles or muscle groups for strength graded by the physician or other qualified health care professional. When indicated by a patient’s clinical status (eg, assessment of a patient diagnosed with lower motor neuron disease), testing of isolated muscle function is above and beyond what is considered integral to an examination or evaluation/re-evaluation.

Unlike MMT (separate procedure), which aims to quantify muscle impairment, the assessment of strength deficits to inform the development of functional goals, requires additional physical performance tests or measurements (eg, functional capacity evaluation) beyond MMT. In this circumstance, MMT is considered to be a component of more comprehensive testing. It is not appropriate to report MMT as a separate procedure.
When MMT services are submitted for UR as separate procedures, the creation of a distinct formal written
and signed report of the findings is required. The report of MMT procedures requires the testing of strength
using a standardized grading system. Either a numerical scale (0-5) or equivalent semi-quantitative
language, such as zero, trace, fair, good or normal with descriptors may be employed. If MMT is to be used
as a valid impairment evaluation procedure, the report must demonstrate the use of consistent and accurate
protocols, which are needed to minimize the confounding effects of subjective factors.

Range of Motion Testing

Range of motion (ROM) testing refers to the angular distance in degrees through which the spine or a joint
can be moved. ROM testing is typically performed to assess the amount and quality of movement in
multiple planes of motion including:

- Assessment of the capsular end-feel of the joint
- Observation of muscle substitution patterns due to weakness of specific muscles
- Documentation of pain, tonus, and crepitus at specific places in the arc of motion.

ROM testing may be performed using passive, active-assisted or completely active methods. A goniometer
or inclinometer is typically used to measure the range of motion. ROM testing may also be performed with
the use of technology such as electronic testing devices with computerized reports. The ROM measurement
is recorded in degrees. Assessments are performed at the joints, such as the shoulder, elbow, wrist, hip,
knee, ankle or spine. ROM testing recorded as “within normal limits” indicates no loss of motion
limitation, which is often sufficient enough to omit actual measurement with goniometers or inclinometers.

For the typical patient (eg, where the intent is to compare the right and left sides), the physical examination
part of the E/M service, or physical/occupational therapy evaluation and re-evaluation will include ROM
testing. There are instances; however, where it is appropriate to perform thorough ROM testing (with or
without MMT) as a separate procedure. Common examples include the treatment of patients diagnosed
with multiple sclerosis, post-polio syndrome or Guillain-Barre syndrome.

The need (medical necessity) for ROM testing and interpretation of the results must be documented in a
separate, distinctly-identifiable, written and signed report. The report must include identification of the
specified body areas and the reference values (typically categorized by gender) used to define normal joint
range of motion.

As with MMT, when ROM testing is considered to be a component of more comprehensive testing (eg,
functional capacity testing), it is not appropriate to report ROM testing as a separate procedure.

Medically Necessary and Reasonable

Muscle and range of motion (ROM) testing may be medically necessary and reasonable as “separate
procedures” when the following elements are present:

1) A comprehensive written report was submitted for each separate procedure
2) The service was performed by a qualified health care provider
3) The service was not included as an integral component of a more comprehensive service (eg,
   E/M, physical/occupational therapy evaluation/re-evaluation, functional capacity testing)
4) The service was considered appropriate by methodologically sound clinical evidence reports
   (eg, relevant clinical practice guidelines and/or evidence syntheses)
5) The service demonstrably impacted clinical decision making (eg, treatment planning, goals)

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Coding Information

Note: The Current Procedural Terminology (CPT) codes listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member’s benefit document.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>95831</td>
<td>Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk</td>
</tr>
<tr>
<td>95832</td>
<td>Muscle testing, manual (separate procedure) with report; hand, with or without comparison to normal side</td>
</tr>
<tr>
<td>95833</td>
<td>Muscle testing, manual (separate procedure) with report; total body evaluation, excluding hands</td>
</tr>
<tr>
<td>95834</td>
<td>Muscle testing, manual (separate procedure) with report; total body evaluation, including hands</td>
</tr>
<tr>
<td>95851</td>
<td>Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)</td>
</tr>
<tr>
<td>95852</td>
<td>Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side</td>
</tr>
<tr>
<td>97750</td>
<td>Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</td>
</tr>
</tbody>
</table>

Resources

- American Medical Association. Manual muscle testing (95831-95834) and range of motion testing (95851, 95852) CPT Assistant, Aug 2013:7
- American Medical Association. Coding communication: manual muscle testing, range of motion testing, and physical test or measurement. CPT Assistant, May 2008:9-11
- American Medical Association. Physical medicine and rehabilitation services frequently asked questions. CPT Assistant, Feb 2004:5
- American Medical Association. Physical medicine and rehabilitation services, part I. CPT Assistant, Dec 2003:4
- American Medical Association. Medicine/muscle and range of motion testing. CPT Assistant, Apr 2003:28
- American Medical Association. Physical medicine and rehabilitation update. CPT Assistant, Nov 2001:4

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Utilization Management Policy

Policy History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>9/20/2002</td>
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<tr>
<td>11/11/2003</td>
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<td>10/18/2004</td>
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<td>2/14/2006</td>
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<td>1/15/2009</td>
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<td>4/08/2010</td>
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<tr>
<td>10/26/2010</td>
<td>Policy rebranded to “OptumHealth Care Solutions, Inc. (OptumHealth)”</td>
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<td>4/07/2011</td>
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<td>4/19/2012</td>
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<td>4/16/2015</td>
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<td>7/30/2015</td>
<td>Policy revised: a) retitled to include both MMT and ROM testing; b) applied recently published guidance from the CPT® Assistant; c) established medical necessity criteria; and updated the “Related Policies” list</td>
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<td>4/21/2016</td>
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<td>4/20/2017</td>
<td>Annual review and approval completed; Legal entity name changed from “OptumHealth Care Solutions, Inc.” to “OptumHealth Care Solutions, LLC.”</td>
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<td>4/26/2018</td>
<td>Annual review and approval completed; no significant changes made to the document</td>
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<tr>
<td>4/25/2019</td>
<td>Annual review and approval completed; no significant changes made to the document</td>
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Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word “Policy” in the subject line.

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Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member’s Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member’s SPD or COC, the member’s SPD or COC will govern.

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