



Utilization Management Policy

Range of Motion Testing

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Policy Statement

Optum* by OptumHealth Care Solutions, LLC considers range of motion testing to be medically necessary and reasonable as a “separate procedure” 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)

Purpose

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

Scope

This policy applies to all 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

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

Current Procedural Terminology (CPT[®]) codes used to report 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 this procedure in relation to conducting UR determinations has been included and/or adapted in the development of this policy.

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.

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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 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.

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

Range of motion (ROM) testing may be medically necessary and reasonable as a “separate procedure” 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)

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.

Code	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
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes

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Resources

- American Medical Association. Current Procedural Terminology (CPT) Codebook, Professional Edition
- 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
- American Medical Association. Tests and measurements, medicine, 97750, 95831, 95832 (Q&A). *CPT Assistant*, Mar 2000:11
- American Medical Association. Neurology and neuromuscular procedure, 95831 (Q&A). *CPT Assistant*, Dec 1999:10

Policy History/Revision Information

Date	Action/Description
9/20/2002	Original effective date
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed
4/17/2014	Annual review and approval completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review and approval completed
7/30/2015	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
4/21/2016	Annual review and approval completed
4/20/2017	Annual review and approval completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review and approval completed: no significant changes made to the document
4/25/2019	Annual review and approval completed: no significant changes made to the document
4/23/2020	Annual review and approval completed: Manual muscle testing (MMT) was deleted from the policy. As of 1/01/2020 MMT CPT codes (95831-95834) were deleted and were not replaced with any new codes. CPT guidelines recommend the use of physical, occupational, and athletic therapy evaluation codes 97161-97172 instead.
4/22/2021	Annual review and approval completed: no significant changes made to the document
5/03/2022	Annual review and approval completed: no significant changes made to the document
6/29/2022	Updated legal entity name "OptumHealth Care Solutions, LLC." to *Optum™ Physical Health

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4/27/23	Annual review and approval completed; no significant changes made to the document. Updated contact email from policy.inquiry@optumhealth.com to phpolicy_inquiry@optum.com .

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: phpolicy_inquiry@optum.com with the word "Policy" in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

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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