***Effective November 1, 2023, refer to CMS Manual 100-02, Chapter 16-General Exclusions from Coverage for services included in this policy.***

BlueCross BlueShield of Alabama

**Name of Blue Advantage Policy:**

# Constraint-Induced Movement or Language Therapy

Policy #: 188
Latest Review Date: June 2023
Category: Therapy
**ARCHIVED EFFECTIVE 11/1/2023**

## BACKGROUND:

***Blue Advantage*** *medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
   - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
   - *Furnished in a setting appropriate to the patient's medical needs and condition;*
   - *Ordered and furnished by qualified personnel;*
   - *One that meets, but does not exceed, the patient's medical need; and*
   - *At least as beneficial as an existing and available medically appropriate alternative*

**Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill* ***Original Medicare*** *for covered services that are related to* ***clinical trials*** *that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

## POLICY:

**Blue Advantage** will treat **constraint-induced movement therapy** for the treatment of motor disorders such as those caused by stroke, traumatic brain injury or cerebral palsy as a **non-covered** benefit and as **investigational**.

**Blue Advantage** will treat **constraint-induced language therapy for the treatment of aphasia** as a **non-covered** benefit and as **investigational.**

**For sensory and/or auditory integration therapy, please refer to Blue Advantage medical policy #*333- Sensory Integration Therapy and Auditory Integration Therapy.***

*Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

## DESCRIPTION OF PROCEDURE OR SERVICE:

Constraint-induced movement therapy (CIMT), also known as constraint-induced therapy (CIT) or forced use movement therapy, is a therapeutic approach to rehabilitation of movement after stroke or other neurologic events. CIMT has been used to improve motor function in patients following CVA. The intensity and schedule of delivery of CIMT is different from that of traditional physical therapy. CIMT involves a technique of restraining the unimpaired limb and forcing the use of the impaired limb during normal daily activities and rehabilitation exercises. The non-paretic upper extremity is secured in a sling for 90% of waking hours, while the paretic arm receives intensive training in a variety of tasks six hours per day for two to three weeks. Pediatric CIT may also be referred to as ACQUIREc Therapy.

CIMT has been used in patients with chronic and subacute CVA, chronic traumatic brain injury, incomplete spinal cord injury, cerebral palsy, fractured hip, phantom limb pain, as well as musicians with focal hand dystonia. The exact mechanism by which CIMT produces its therapeutic effect is not known, but imaging studies suggest that use-dependent cortical reorganization may occur after CI therapy.

Recently, constraint-induced language therapy (CILT) or constraint-induced aphasia therapy (CIAT) has been used to treat patients with aphasia. CILT differs from usual aphasia treatment approaches in that no compensatory nonverbal communications (e.g., gesture, drawing, and writing) are allowed during the language activities. Improved verbal responses are the goal of treatment. Proponents of this therapy hypothesize that by limiting the patient's use of compensatory communications or even giving up on the message altogether during the therapy session, the brain is forced to adapt and find an alternate way to express the idea, i.e.,

verbalization and spoken words. Treatment is intense and frequent lasting six hours per day for five days per week.

## KEY POINTS:

Literature review completed through June 2023.

**Summary of Evidence**

There continues to be little evidence to evaluate the efficacy of CIMT for motor disorders. Among three small controlled trials published to date, there were trends supporting a treatment effect. Because the methods and outcomes used varied considerably among these trials, it is unclear which techniques, if any, are clinically useful.

A literature search identified one randomized controlled trials for using CILT to treat aphasia. The authors of this trial could not rule out that the possibility that conventional therapy performed in a massed-practice fashion also could result in pronounced behavioral improvement within a few days. In addition, small case series reporting on a limited number of participants with short follow-up were noted. There is little evidence to evaluate the efficacy of CILT for aphasia.

Finally, there is no documented standardized protocol for performing CIMT. Future studies are needed to determine the best protocol for sustained results.

## KEY WORDS:

Constraint-induced movement therapy (CIMT), forced use movement therapy, constraint-induced therapy, CIT, constraint-induced language therapy, CILT, constraint-induced aphasia therapy, CIAT, ACQUIREc Therapy

## APPROVED BY GOVERNING BODIES:

Not applicable

## BENEFIT APPLICATION:

Coverage is subject to member's specific benefits. Group-specific policy will supersede this policy when applicable.

## CURRENT CODING:

**CPT codes:**

These services should be billed as a global fee at the end of therapy under the unlisted code.

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| 92700 | Unlisted otorhinolaryngological service or procedure |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure |

These procedures have also been identified as being billed on the following:

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|---|---|
| 97110 | Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance; range of motion and flexibility |
| 97112 | Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| 97161 | Physical therapy evaluation: low complexity, requiring components |
| 97162 | Physical therapy evaluation: moderate complexity, requiring components |
| 97163 | Physical therapy evaluation: high complexity, requiring components |
| 97164 | Re-evaluation of physical therapy established plan of care, requiring components |
| 97165 | Occupational therapy evaluation, low complexity, requiring components |
| 97166 | Occupational therapy evaluation, moderate complexity, requiring components |
| 97167 | Occupational therapy evaluation, high complexity, requiring components |
| 97168 | Re-evaluation of occupational therapy established plan of care, requiring components |
| 97530 | Therapeutic activities, direct (one on one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes |

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## POLICY HISTORY:

Adopted for Blue Advantage, March 2005
Available for comment May 1-June 14, 2005
Medical Policy Group, July 2006
Medical Policy Group, July 2008
Medical Policy Group, July 2010

Medical Policy Group, December 2011
Available for comment January 11 - February 27, 2012
Medical Policy Group, December 2012
Medical Policy Group, April 2014
Medical Policy Group, June 2015
Medical Policy Group, October 2015
Medical Policy Group, December 2016
Medical Policy Group, September 2018 (**3**): Updates to Key Points and References. No changes to policy statement or intent.
Medical Policy Group, October 2019
Medical Policy Group, June 2021
Medical Policy Group, June 2022: Reviewed by consensus. A peer-reviewed literature analysis was completed and no new information was identified that would alter the coverage statement of this policy.
Medical Policy Group, June 2023: Reviewed by consensus. A peer-reviewed literature analysis was completed and no new information was identified that would alter the coverage statement of this policy.
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