



Ohio Administrative Code Rule 4123-6-30 Payment for physical medicine.

Effective: November 13, 2015

(A) "Physical medicine" is the evaluation and treatment of a claimant by physical measures and the use of rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting, or alleviating any work related disability. Physical medicine includes the establishment and modification of physical rehabilitation programs, treatment planning, instruction, and consultative services. "Physical measures" include massage, heat, cold, air, light, water, electricity, sound, manipulation, and the performance of tests of neuromuscular function as an aid to such treatment. Physical medicine does not include the diagnosis of a patient's disability, the use of roentgen rays or radium for diagnostic or therapeutic purposes, or the use of electricity for cauterization or other surgical purposes. Physical medicine includes, but not limited to, chiropractic treatments, physiotherapy, and physical therapy.

(B) Physical medicine must be prescribed by the physician of record or other approved treating provider licensed to practice medicine, osteopathy, chiropractic, mechanotherapy, dentistry, podiatry, or nursing clinical nurse specialist, certified nurse midwife, or certified nurse practitioner, or license to practice as a physician assistant. Physical medicine may be provided in the physician's office or referred to another licensed provider.

(C) To be eligible for reimbursement, physical medicine services must be provided by a physician, chiropractic physician, physical therapist, occupational therapist, massage therapist, athletic trainer or other qualified non-physician provider practicing within the scope of his or her license, certification, or registration.

(D) Fees for up to twelve physical medicine treatments within sixty days following the date of injury may be reimbursed without prior authorization, provided the treatments are for allowed soft tissue and musculoskeletal conditions in allowed claims and the criteria set forth in paragraphs (B)(1) to (B)(3) of rule 4123-6-16.2 of the Administrative Code are met. Otherwise, physical medicine treatment must be prior authorized.



(E) Payment for physical medicine used for treatment of the allowed conditions shall be made in accordance with rule 4123-6-10 of the Administrative Code.