Driscoll Health Plan
Medical Necessity Guideline

Medical Necessity Guideline:	Creation Date:	Review Date:	Effective Date:
Bell's Palsy-Physical Therapy	09/05/2014	05/24/2024	06/11/2024

PURPOSE:

To define the requirements for therapy for the diagnosis of Bell's Palsy.

LINE OF BUSINESS: STAR, STAR Kids, and CHIP

DEFINITIONS:

Bell's palsy - an acute peripheral facial weakness of unknown cause, and the diagnosis can be established without difficulty in patients with unexplained unilateral isolated facial weakness. (2)

GUIDELINE:

Corticosteroids, with or without antivirals, are the primary treatment of acute Bell's palsy. Evidence does not support the routine use of adjunctive modalities or therapies to hasten recovery or avoid progression to a chronic state. Members with Bell's palsy should receive education in the pathophysiology and natural course of the disease along with provider instruction in facial exercises and eye protection.

A physical therapy (PT), Occupational Therapy (OT), or Speech Therapy (ST) evaluation, along with limited visits, may be medically necessary for instruction on facial exercises and are primarily for the development and follow-up of a home education program (1)

Documentation Requirements:

Driscoll Health Plan (DHP) requires submission of:

- complete and detailed clinical notes describing the condition, whether acute or chronic
- all treatments provided, including corticosteroids and antivirals
- any referrals
- any current or previous POST therapy and modalities and response.

BACKGROUND:

The incidence of Bell's palsy is 20-30 cases for 100,000 and accounts for 60-70% of all cases of unilateral peripheral facial palsy. Either sex is affected equally and may occur at any age, the median age is forty (40) years. The incidence is lowest under ten (10) years of age and highest in people over the age of seventy (70). Left and right sides are affected equally (2) The terms "Bell's

palsy" and "idiopathic facial paralysis" may no longer be considered synonymous, as herpes simplex virus activation is the likely cause of Bell's palsy in most cases. (3)

Bell's palsy is an acute disorder of the facial nerve, producing full or partial movement loss on one side of the face. The facial palsy gets ultimately better without treatment in most, but not all, people. (2) There is moderate to high confidence that corticosteroids are helpful as a primary treatment for this condition. In addition, there is moderate evidence that combining corticosteroids and antivirals reduces the risk of long-term complications of Bell's palsy.

There is insufficient or inconclusive evidence for the utility of biofeedback, laser, electrotherapy, massage, and thermotherapy in treating acute Bells's palsy. The mainstay in the treatment of acute Bell's palsy remains corticosteroids. There is no clear benefit from antivirals alone as compared to placebo. However, the Cochrane Study did find moderate certainty that combination treatment with corticosteroids and antivirals reduced the number of people who experienced the long-term effects of Bell's palsy. (3)

In Bell's palsy various physical therapies, such as exercise, biofeedback, laser, electrotherapy, massage, and thermotherapy, are used to hasten recovery. However, the evidence for the efficacy of any of these therapies is lacking. A Cochrane systemic review of the effectiveness of physical therapies, electrostimulation, and exercises, on the outcome of Bell's palsy, concluded that there was no significant benefit or harm from any of these physical therapies for Bell's palsy. There was limited evidence that improvement began earlier in the exercise group. Another systematic review examined the effects of facial exercises associated either with mirror or electromyogram biofeedback with respect to complications of delayed recovery in Bell's palsy and concluded that because of the small number of randomized controlled trials, it was not possible to analyze if the exercises, were effective. However, the possibility that facial exercise reduces the time to recover and sequelae needs to be confirmed with good-quality randomized controlled trials. (2, 3, 4)

PROVIDER CLAIMS CODES:

ICD 10	
G51.0	Bell's palsy

CPT			
97110	97112	97124	97140
97530	97535		

REFERENCES:

1. Texas Medicaid Provider Procedure Manual (TMPPM) (Current Edition); Physical, Occupational, and Speech Therapy Services Handbook, Section 4.6 (Frequency and Duration Criteria for PT, OT, and ST services), May 2024.
2. Murthy, J. M., & Saxena, A. B. (2011). Bell's palsy: Treatment guidelines. Annals of Indian Academy of Neurology, 14(Suppl 1), S70–S72. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3152161/. Accessed 5/13/2022.
3. Bagyor I, Madhok VB, Daly F, Sullivan F. Antiviral treatment for Bell's palsy (idiopathic facial paralysis). Cochrane Database of Systematic Reviews 2019, Issue 9. Art. No.: CD001869. DOI: 10.1002/14651858.CD001869.pub9; https://www.cochrane.org/CD001869/NEUROMUSC_antiviral-treatment-bells-palsy; Accessed 05/13/2022.
4. Teixeira LJ, Valbuza JS, Prado GF. Physical therapy for Bell's palsy (idiopathic facial paralysis). Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD006283. DOI: 10.1002/14651858.CD006283.pub3; https://www.cochrane.org/CD006283/NEUROMUSC_physical-treatments-for-idiopathic-facial-paralysistment-bells-palsy; Accessed 05/13/2022.

DOCUMENT HISTORY:

DHP Committee that Approved	*Review Approval Date (last 5 years)*					
Medical Director	06/07/2022	05/31/2023	05/24/2024			
CMO	06/07/2022	06/01/2023	06/11/2024			
Medical Policy Workgroup	06/07/2022	06/06/2023	06/11/2024			
Utilization Management & Appeals	06/21/2022	06/20/2023	06/18/2024			
Provider Advisory Committee (PAC)	06/17/2022	06/09/2023	07/01/2024			
Clinical Management Committee	06/24/2022 & 08/23/2022	07/20/2023	07/24/2024			
Executive Quality Committee	06/28/2022	07/25/2023	07/30/2024			

Document Owner	*Organization*	*Department*
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

Review/Revision Date	*Review/Revision Information, etc.*
03/04/2014	Original
09/05/2014	Modified
12/01/2015	No changes
10/06/2016	Modified-added APTA reference
12/01/2017	No changes
11/16/2018	No changes
11/30/2019	Modification of format, review of content and references
05/14/2020	Extensive rewording, updated references, codes added

06/16/2020	Dr. Serrao and Brendel edits
05/17/2021	Updated references, codes – Brendel – comments by Tamara Gonzales
05/13/2022	Reviewed and references updated by Dr. D. Doucet
05/24/2022	Final review and final edits by Dr. Fred McCurdy
05/31/2023	Reviewed by Drs. Dan Doucet and Fred McCurdy; no changes
05/24/2024	Reviewed and revised by Drs. Dan Doucet and Fred McCurdy

4525 Ayers St.
Corpus Christi, Texas 78415
Telephone (877) 455-1053 Fax (866) 741-5650