



PROVIDER REIMBURSEMENT GUIDANCE

Outpatient Rehabilitation

Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date								
05/11/2022	08/01/2022	08/01/2022									
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options (MA)</td> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care (MA)</td> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) MA*</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA)	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*	<input checked="" type="checkbox"/> One Care (MA)	<input checked="" type="checkbox"/> Medicare Value - (PPO) RI*	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*	<input checked="" type="checkbox"/> Medicare Value - (PPO) MA*	
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PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance® (CCA) reimburses for medically necessary outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) rehabilitation services, in accordance with the member’s benefits.

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered.

Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements or applicable fee schedules.

Outpatient therapy providers are compensated for the modalities contained in providers’ contracts when billed with the appropriate revenue code(s).

NOTE: Compensation for initial evaluation codes is not subject to the daily payment maximum.

Modalities: CCA does not routinely compensate for the following:

- Iontophoresis (97033) when billed and the diagnosis is not primary focal hyperhidrosis
- Canalith repositioning procedure (95992) if billed without a diagnosis of benign paroxysmal vertigo

PT Evaluations: CCA does not routinely compensate PT evaluation codes 97161-97172 if billed within one month of codes 97161-97172.

PT Services Provided in an Inpatient or Outpatient Hospital: CCA does not routinely compensate PT services provided by a physical or occupational therapist or a speech-language pathologist if the same code was billed by any outpatient hospital for the same date of service.

Therapy Service Modifiers: CCA does not routinely compensate nontherapy services billed with therapy services modifiers GN, GO or GP.



REIMBURSEMENT GUIDELINES (cont.):

Senior Care Options members’ Daily Payment Maximum: PT, OT, and ST treatments and modalities are priced according to fee schedule arrangements and are subject to daily payment maximums. Contracted procedure codes for PT, OT and ST services will be applied to the daily payment maximum. Refer to the current provider contract for information regarding the daily maximum rate.

BILLING and CODING GUIDELINES:

Unless otherwise stated, CCA follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

- Submit a corresponding CPT and/or HCPCS procedure code for every date of service submitted when a date range is indicated in box 6 of the UB-04
- Submit only one initial evaluation per diagnosis/condition.
- Submit the actual procedure code(s) for all PT, OT, and ST services, including modalities
- Submit the appropriate revenue code for PT, OT, and ST services.

Treatment and modality procedure codes include, but are not limited to, the codes contained in providers’ contracts and the applicable medical necessity guidelines. CCCA recognizes modality procedure codes for PT and OT.

Providers may bill 97799 to indicate an unlisted physical medicine/rehabilitation service or procedure with supporting clinical documentation.

Physical Therapy Evaluations:

Procedure Code	Description
97161	Physical therapy evaluation, low complexity
97162	Physical therapy evaluation, moderate complexity
97163	Physical therapy evaluation, high complexity
97164	Re-evaluation of physical therapy established plan of care

Occupational Therapy Evaluations:

Procedure Code	Description
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
97168	Re-evaluation of physical therapy established plan of care

BILLING and CODING GUIDELINES (cont.):

Speech Therapy Evaluations:

Procedure Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive, and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral pharyngeal swallowing function

Supervised Modalities:

Procedure Code	Description
97012	Application of a modality to 1 or more areas; Traction, Mechanical
97016	Application of a modality to 1 or more areas; Vasopneumatic Devices
97018	Application of a modality to 1 or more areas; Paraffin Bath
97022	Application of a modality to 1 or more areas; Whirlpool
97024	Application of a modality to 1 or more areas; Diathermy (e.g., microwave)
97026	Application of a modality to 1 or more areas; Infrared
97028	Application of a modality to 1 or more areas; Ultraviolet

Constant Attendance:

Procedure Code	Description
97032	Application of a modality to 1 or more areas; Electrical Stimulation, each 15 minutes
97033	Application of a modality to 1 or more areas; Iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; Contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Application of a modality to 1 or more areas; Unlisted modality (specify type and time if constant attendance)

Physical Therapy Evaluations:

Procedure Code	Description
97750	Physical performance test of measurement, with written report, each 15 minutes
97755	Assistive technology assessment, direct one-on-one contact by provider, with written report, each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

BILLING and CODING GUIDELINES (cont.):

Therapeutic Procedures:

Procedure Code	Description
97110	Therapeutic procedure, one or more areas, each 15 minutes; 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
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, pertissage and/or tapotement
97129	Therapeutic interventions that focus on cognitive function: direct patient contact; initial 15 minutes;
97130	Therapeutic interventions that focus on cognitive function: direct patient contact; each additional 15 minutes.
97139	Unlisted therapeutic procedure
97140	Manual therapy techniques, one or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (two or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider, each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535	Self-care/ home management training, direct one on one contact by provider, each 15 minutes
97537	Community/ work integration training, one-on-one contact by the provider, each 15 minutes
97542	Wheelchair management/ propulsion training, each 15 minutes
97760	Orthotic(s) fitting & training, upper extremity (ties), lower extremity (ties), and/or trunk, each 15 minutes
97761	Prosthetic training, upper and/or lower extremities, each 15 minutes
97763	Orthotic/prosthetic management and or training, each 15 minutes
G0281	Electrical stimulation (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan
G0283	Electrical stimulation (unattended) to one or more areas for indication(s) other than wound care, as part of a therapy plan



RELATED SERVICE POLICIES:

Durable Medical Equipment
Home Health Care
Inpatient Rehabilitation
Medical Unlikely/Max Units
Outpatient Rehabilitation Facility
Same Day/Same Service
Unlisted Procedure Codes

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral, authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- [CMS Website](#)
- [CMS Part B Regulation](#)

POLICY TIMELINE DETAILS:

1. Effective 08/01/2022